



UNIVERSITY  
OF TURKU



# CONFINED TO SPACE

Perspectives on Carceral Geography

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Virve Repo





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OF TURKU

# **CONFINED TO SPACE**

Perspectives on Carceral Geography

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Cover picture: The view through the window to the seclusion room of the old “Annes”, the psychiatric hospital for prisoners in Turku, Kakola. Picture: Päivi Rannila

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*This is how you do it: you sit down at the keyboard and you put one word after another until it's done. It's that easy, and that hard.*  
— Neil Gaiman

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## ABSTRACT

The recent discussions about mistreatment in elderly care and psychiatric care have increased the importance of expanding our knowledge about these spaces in order to ensure that these institutions provide a good quality of care and proper living conditions. In this thesis, I study spaces of confinement, particularly from the perspective of carceral geography. This sub-discipline of human geography is relatively new and has been rarely used in the Nordic context. Here it is used for the first time as concerning Finnish institutions of care. Thus, the thesis provides a novel viewpoint from which to understand spatiality in spaces of confinement and carceral spaces in a Nordic context.

In the thesis, I explore spaces of confinement through different environments: an alternative community, nursing homes and a geropsychiatric ward. The questions I ask are: What kind of carceral practices and processes can be identified in spaces of confinement? What kinds of carceral spaces do these practices and processes produce? How can carceral spaces be conceptualised further in human geography? The findings suggest that peoples' lives are controlled for various reasons. The spatiotemporal control emphasises the meaning of space and spatial solutions, especially in institutions, by defining who can be where and when. The control and confinement may be implemented by the regime and the law or through individuals and social groups. In addition, control can appear in a form of exclusion: confined people tend to be excluded from society, and, furthermore, exclusion can be used to adjust the behaviour of the people. Confinement is strongly linked to power relations, whether it is the power of the state, the power of authorities or the power of individuals over others. The thesis suggests, that spaces of confinement are heterogeneous, and they appear in different forms and levels. For example, carceral and quasi-carceral spaces can be identified in this research.

Moreover, the findings suggest that these spaces are unequal. Thus, some groups are more vulnerable than others to mistreatment and carceral practices. Physical immobility may expose people to spatial mistreatment, for example being left alone for protracted periods of time. For cognitively impaired individuals, limitations and restrictions might seem illogical and thus cause anxiety. Cognitively impaired individuals are especially vulnerable since a lack of short-term memory exposes them to mistreatment. Furthermore, the experiences of carceral spaces may remain with people after the actual confinement and continue to have an influence on their perceptions of risks and their ability to cope in mundane life. In the study, the significance of the working community is recognised in relation to the production of carceral spaces. The findings indicate that morally grey areas emerge in situations where people are oppressed and they are forced to make decisions against their ethical principles. In addition, mistreatment cases may not be reported due to the employee experiencing the risk of either being excluded from the working community or losing their job entirely.

In the thesis, I have provided two concepts to be used in carceral geography and with which to explore the essence and production of carceral spaces. *Carceral layers* describe the layered features and overlapping elements of carceral spaces. The layers suggest that carceralities may accumulate spatiotemporally and create spaces that are more carceral than others. Risk has a significance on establishing and maintaining carceral spaces. *Carceral riskscape* elaborates the relationship between risk and carceral space and how perceptions of risk may produce carceral practices and spaces. The approach of carceral geography is useful in understanding the complex spatialities of spaces of confinement. Thus, I find considering this approach worthwhile when institutions and new care forms are developed.

**KEYWORDS:** Carceral geography, confinement, carceral spaces, institutions, alternative community, elderly care, psychiatric care

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## TIIVISTELMÄ

Viime vuosien väärinkäytökset vanhusten hoivassa ja psykiatrisessa hoidossa ovat kasvattaneet tarvetta tuottaa tietoa rajoitetuista tiloista. Rajoitettujen tilojen tutkiminen on tärkeää, jotta hyvän elämänlaadun ylläpitäminen ja laadukas hoito voidaan taata laitoksissa. Käsittelen väitöskirjassani rajoitettuja tiloja erityisesti vankeusmaantieteen (carceral geography) näkökulmasta. Ihmismaantieteeseen kuuluva vankeusmaantiede on verrattain uusi tutkimussuuntaus Pohjoismaissa, eikä sitä ole aiemmin käytetty suomalaisia hoiva-instituutioita koskevassa tutkimuksessa. Väitöskirjani tarjoaakin uudenlaisen näkökulman rajoitettujen tilojen tutkimukseen pohjoismaisessa kontekstissa.

Väitöskirjassani tarkastelen rajoitettuja tiloja vaihtoehtoisessa yhteisössä, vanhainkodissa ja vanhuspsykiatrisella osastolla. Kysyn: Millaisia vankeuskäytäntöjä ja prosesseja rajoitetuista tiloista voidaan tunnistaa? Millaisia vankeustiloja nämä käytännöt ja prosessit muodostavat? Kysyn myös, miten vankeustiloja voidaan edelleen määritellä ihmismaantieteessä. Väitöskirjatutkimukseni osoittaa, että ihmisten elämää rajoitetaan moninaisista syistä. Ajallinen ja tilallinen kontrolli määrittelee kuka voi olla missä ja milloin, mikä korostaa erityisesti instituutioissa tilan ja tilallisten ratkaisujen merkitystä. Kontrolli ja rajoittaminen voivat toteutua hallinnon tai lakien, mutta myös sosiaalisten ryhmien tai yksilöiden toimesta. Lisäksi kontrollia voidaan toteuttaa ulossulkemisen kautta. Rajoitetuissa tiloissa olevat ihmiset saattavat olla tarkoituksellisesti suljettuja muusta yhteiskunnasta. Ulossulkemisella voidaan myös pyrkiä sääntelemään ihmisen käyttäytymistä. Rajoittaminen liittyy vahvasti valtasuhteisiin, joihin liittyvät valtiovalta ja auktoriteetit, mutta myös yksilön vallankäyttö. Tutkimus osoittaa, että rajoitetut tilat ovat heterogeenisiä ja voivat ilmetä eritasoisina ja erilaisissa muodoissa.

Tutkimuksen löydökset osoittavat, että rajoitetut tilat ovat epätasa-arvoisia. Tietty ihmisryhmät joutuvat alttiimmiksi vankeuskäytäntöjen kohteiksi ja kaltoin kohdelluiksi. Erityisesti liikuntarajoitteiset voivat joutua hoivalaitoksissa olemaan pitkiä aikoja yksin. Myös muistisairaat ovat haavoittuvassa asemassa, sillä lyhytkestoisien muistin puute voi altistaa heidät kaltoinkohtelulle. Lisäksi kokemukset vankeustiloista saattavat vaikuttaa ihmisen elämään varsinaisen rajoittamisen jälkeenkin. Nämä kokemukset vaikuttavat sekä yksilön näkemyksiin riskeistä, että mahdollisuuksiin selvittää arkielämässä.

Tutkimuksessa on huomioitu myös työyhteisön merkitys vankeustilojen tuottamisessa. Tulosten mukaan moraalisesti harmaita alueita esiintyy tilanteissa, joissa ihmisiä painostetaan ja joissa heidät pakotetaan tekemään päätöksiä eettisten näkemystensä vastaisesti. Kaltoinkohtelusta ei myöskään välttämättä raportoida eteenpäin, jos se aiheuttaa riskin työpaikan menetyksestä.

Väitöskirjani tarjoaa kaksi uutta näkökulmaa rajoitettujen tilojen tarkasteluun. Ensinnäkin vankeustilojen kerroksellisuuden (carceral layers) tarkastelu osoittaa, että vankeuselementit voivat kasaantua ajallis-tilallisesti ja synnyttää tiloja, jotka ovat enemmän vankeustilojen kaltaisia kuin toiset. Toiseksi riskien ja vankeustilojen välisen suhteen (carceral riskscape) tutkiminen paljastaa, miten näkemykset riskeistä saattavat tuottaa vankeuskäytäntöjä ja -tiloja. Nämä näkökulmat auttavat ymmärtämään rajoitettujen tilojen monimutkaisia tilallisia ominaisuuksia sekä ovat hyödyksi uusien hoitomuotojen ja -tilojen suunnittelussa.

AVAINSANAT: Vankeusmaantiede, rajoitettu tila, vankeustilat, instituutiot, vaihtoehtoinen yhteisö, vanhusten hoiva, psykiatrinen hoito

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**Original Publications ..... 71**

# List of Original Publications

This PhD thesis consists of a summary, the following three articles and one submitted manuscript. The papers are referred to the text by their Roman numerals:

- I. Rannila, Päivi and Repo, Virve (2018). Property and carceral spaces in Christiania, Copenhagen. *Urban Studies*, 55 (13), 2996–3011. doi:10.1177/0042098017713447
- II. Repo, Virve (2019). Spatial control and care in Finnish nursing homes. *Area*, 51, 233–240. doi:10.1111/area.12443
- III. Repo, Virve (2019). Carceral layers in a geropsychiatric unit in Finland. *Geografiska Annaler: Series B, Human Geography*, 101 (3), 187–201. doi:10.1080/04353684.2019.1627852
- IV. Repo, Virve (2020). Preventing or inflicting risks? Carceral riskscape and working in the spaces of mental health care. Submitted manuscript. *Fennia – International Journal of Geography*

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# 1 Introduction

## 1.1 The spaces of confinement

In 2015 H.H. was diagnosed with Lewy body dementia and he moved to a care home situated in Turku, Finland. In the care home, the hallucinations related to his dementia increased. After he was found wandering about in the care home with a knife, he voluntarily decided to go to a psychiatric hospital and was transferred to the G1 geropsychiatric ward of Kupittaa hospital. The next day his relatives visited H.H., and found him in a good mood as he thought he was on a cruise ship. However, he was feeling tired and his daughter put him to bed. The following day his daughter called the ward and was told there had been a clash on the ward and H.H. had had to be given tranquilisers. The sister of H.H. went to check on the situation; she found that H.H. could not walk and he was in a pain when he was moved from one chair to another. When his daughter went to see H.H. the next day, he was in a seclusion room. The nurses told her that again there had been a fight between H.H. and the staff and several nurses were needed to pacify the situation. The daughter noticed that H.H. had trouble breathing and was in a pain. When the doctor arrived, the daughter insisted that H.H. should be sent to have an x-ray. In the hospital, it was found out that H.H.'s right lung was full of blood due to a physical trauma.

After acute care, H.H. was taken to another hospital to recover. There he lost his temper when staff tried to give him medication; consequently, he received a referral for involuntary psychiatric care and was transferred back to the psychiatric hospital at Kupittaa. This was done despite his daughter having specifically forbidden that he should be taken back there. She had already reported the ward for the previous offence. Two days after the transfer a mental health nurse coerced H.H. into bed by pushing H.H.'s in the throat with his own knee, and thus also scaring a co-worker who was present at the time. H.H. was in the ward approximately three weeks. During this time, he was heavily drugged, unable to communicate, sitting next to the wall and crying. After three weeks, he was transferred to a care home where the staff knew how to deal with his memory illnesses. The psychopharmaceutic drugs were withdrawn and he has not needed them since. H.H. cannot walk or talk anymore and he has to use adult nappies. He is distrustful of the staff but has not since been aggressive.

H.H. was at the geropsychiatric ward between 22.12.2015–12.1.2016, and his case was presented in a local court in 2017. His story above is based on these trial documents. His case, among other stories of alleged misconducts, was published in the local newspaper in 2016 and the shock and reactions of the general public intimated that people were outraged that this could occur in Finland. The reactions indicate that the world behind certain closed doors, such as psychiatric hospitals, is, for the most, unknown. Thus, discussion about these kind of spaces of confinement is needed in order to avoid further misconduct.

The title of this thesis, “Confined to space”, refers to the significance of space and spatiality in relation to confinement. According to the Oxford dictionary (1989: 244) *confine* means “keep in a restricted place” or to “keep sb/sth within certain limits”. The first description means an actual place such as in “a bird confined in a cage”. The latter meaning is more abstract and can refer to, for example, limits concerning discussion. As per the Oxford dictionary (1989: 244) *confined* refers to space which is limited and restricted and *confinement* is described as *being confined*. In this thesis, I mainly use term ‘spaces of confinement’ or ‘restricted spaces’<sup>1</sup>, but on some occasions ‘confined’ or ‘confinement’ is used to illustrate the restricted circumstances.

Confinement and spaces of confinement have been previously conceptualised in research, for example Foucault (1967/2001: 35) writes in *Madness and Civilization* about the great confinement, which refers to the establishment of large buildings where ‘madness’ was confined. The historical roots of the great confinement started with an administrative reorganisation in 17<sup>th</sup> century France. Several establishments were grouped under the same organisation and for Foucault (1967/2001: 37) this reform increased the power of the administration and gave the organisation the ability to judge and execute outside the law court. Additionally, in contemporary studies confinement can also be seen as an expression of power (Armstrong and Jeffersson, 2017: 242). Furthermore, Foucault (1967/2001: 37) argues, that confinement was the answer to the economic crisis of 17<sup>th</sup> century, not only in France but all over Europe. The solution included the confinement of poor and unemployed in institutions. Later, the question became one of productivity and how the confined population could contribute to society (Foucault, 1967/2001: 37-47). The questions of productivity and commodification of the confined population is still topical (Morin, 2018; Story, 2019).

Confinement has also been discussed as a state between inside and outside (Baer and Ravneberg, 2008: 207). Baer and Ravneberg (2008: 207) describe confinement (in prison) as “an uncertain fusion of the inside and outside.” By this they imply that

<sup>1</sup> The differences between spaces of confinement and carceral spaces are explained on page 8.

while confinement happens ‘inside’ it is not free from the ‘outside’. For example, social networks challenge the dichotomy of inside and outside (Baer and Ravneberg, 2008: 207; Blerk van, 2017: 19) as well as some physical infrastructure, such as water pipes and furthermore the movement of staff (Baer and Ravneberg, 2008: 207). Baer and Ravneberg (2008: 207) challenge us to think that because of this deceptive inside-outside dichotomy we might experience confinement as a natural part of our everyday life. Morin (2018: 26) also suggests that some subjects of confinement may have become so used to the situation that they consider the circumstances as normal.

What then are the spaces where confinement can be experienced? Typically spaces of confinement can be found, for example, in institutions, such as prisons and asylums (Philo, 2005: 326) and detention sites (Martin and Mitchelson, 2009). It is notable though that the purposes of institutions vary in relation to confinement (Turner, 2013: 38-39). These institutions aim for example to punish and correct (i.e. prisons), rehabilitate (i.e. psychiatric hospitals and prisons) or care (i.e. nursing homes). When an individual steps into the orbit of an institution, the logic is to keep the person inside for a predetermined time. This logic can be detected particularly well in closed institutions<sup>2</sup>, but can also be seen in more open institutions, such as schools, where attendance in classes is controlled and absences without permission lead to sanctions. Thus, while some of the limitations, control and surveillance in contemporary society tend to keep people out of certain spaces, institutions aim to keep people in.

In addition to institutions, confinement may occur in relatively open spaces (Baer and Ravneberg, 2008: 207). Baer and Ravneberg (2008: 207) thus situates confinement in a wider environment, “among prisoners and non-prisoners”. The mechanisms of confinement can be traced back, for example, to surveillance and the law. Koskela (2000: 251) argues that “the space under surveillance is always confined”, since being under surveillance is not voluntary or even easily avoided (Koskela, 2003: 300). Moreover, surveillance can be used as an actual tool of confinement as in the case of electronic monitoring, which extends the spaces of confinement (Gill, 2013; Ollivon, 2019). In addition, law shapes the spaces of confinement by defining who can be where and when (Villanueva, 2018: 967-968; see also Story, 2019).

The surveillance and the role of law is a double-edged sword. On the one hand the surveillance (and laws) may increase security (Rannila, 2019), and, on the other hand using them in the name of security may be used to control people who are seen as problematic (Philo, 2012b). Sometimes the control is implemented excessively, which may have an influence on people’s lives and well-being. There is a fine line

<sup>2</sup> Closed institution here means a “brick and mortar” kind of institution, without open access to the public.

between security and excessive control, which might be difficult to detect. Baer and Ravneberg (2008: 207) argue that spaces of confinement may occur “with or without personal knowledge of the confinement.” This idea can be linked to the surveillance (both ‘official’ and surveillance by other people) and the famous idea of Panopticon by Foucault (1977/1995), in which the possibility of being under constant surveillance leads to control of the self and adjustment of behaviour (see also Koskela, 2003; cf. Rannila, 2019). Due to the law and surveillance the elements of confinement are present in mundane life, spreading into neighbourhoods and communities (Story, 2019) and adjusting the possibilities to act, react and organise our lives.

In this thesis, spaces of confinement are studied through the lens of carceral geography, which studies carceral spaces and meanings of ‘the carceral’ from the geographical point of view. The word carceral can be defined as related to a prison. The origins of the word go back to a Latin word ‘carceralis’ and for example the Spanish word ‘cárcel’ means prison. The English verb incarcerate also means “to put in a prison” (more about the origin of the word, see Moran et al., 2018a: 667-668). The *word* carceral is thus related to imprisonment, nevertheless, as acknowledged by carceral geographers, the *concept* of the carceral has a wider meaning (Moran et al., 2018a; Moran et al., 2018b).

The confinement and the carceral have many similarities in how they operate and produce certain spaces. I will elaborate on the concepts of the carceral and carceral spaces in Chapter 3, but for clarity I propose here the differences between spaces of confinement and carceral spaces. The spaces of confinement here is considered as a more permissive concept including different levels of restricted spaces. I also consider, that unlike carceral spaces, spaces of confinement can be created through medical conditions. For example, immobility and physical disabilities may enable confinement, especially in institutions. In addition, to differentiate the spaces of confinement and carceral spaces I acknowledge that in order for some space to be carceral, three carceral conditions (detriment, intention and spatiality)<sup>3</sup> have to be fulfilled. Carceral spaces are also connected to carceral logics (Chapter 3.2.). Thus, a carceral space can be seen as a space of confinement, yet spaces of confinement are not necessarily carceral spaces. Therefore, I avoid using these two terms as synonyms in the thesis.

The aim of the thesis is to discover how the carceral actualises in both institutions and beyond and to gain a deeper understanding of the processes behind and inside the various carceral spaces. I ask the following questions:

<sup>3</sup> More about the conditions in Chapter 3.1.

1. What kind of carceral practices and processes can be identified in spaces of confinement?

What kinds of carceral spaces do these practices and processes produce?

2. How can carceral spaces be conceptualised further in human geography?

The first question focuses on the various forms of carceral spaces and the mechanisms and practices behind them. In carceral geography, carceral practices have been considered as those actions that may characterise the incarceration, such as discipline, control, degradation and neglect (Moran, 2017). In this research, the practices are related to the carceral spaces beyond incarceration. The four articles included in the thesis introduce the carceral from different viewpoints. The first article situates carceral practices outside traditional carceral environments, in an alternative community. The second article concentrates on the relationship of care and control in elderly care. The third and the fourth article are placed in a geropsychiatric ward where both voluntary and involuntary treatment is given to the patients.

Although carceral spaces and the carceral has already been conceptualised in human geography, there is still room for further conceptualisation. By answering the second question, I have added new perspectives to conceptualise carceral spaces. The first article combines the concept of property with the carceral. The second article discusses quasi-carceralities in elderly care. In the third article, I introduce a concept of *carceral layers*, which describes the layered features of carceral spaces and the influence of these layers on everyday life in institutions. The fourth article combines the carceral with risk by introducing a concept of *carceral riskscape* related to the study of a working community in an institution.

The contribution of the thesis is twofold. Firstly, it researches institutions and communities from a novel point of view, and it researches carceral spaces in a Nordic context by adding carceral studies to the institutions of care in a Finnish context. Secondly, the thesis contributes to the research on human geography by taking part in the discussions on carceral geographies and introducing new concepts of carceral layers and carceral riskscape.

Next, I will describe the background of the research and the four original articles included in the thesis. In Chapter 2, I will explain the theoretical framework of the thesis, concentrating especially on the subfield of carceral geography. I also present relevant literature concerning institutional geography. In Chapter 3, the key concepts of *the carceral*, *carceral space*, *care*, *riskscape* and *grey area* are introduced. In Chapter 4, I will introduce the methods, data and the analysis of the material along with the ethical considerations that I found highly important during the writing process. In Chapter 5, the main findings and discussion are introduced before the concluding words. In the conclusion in Chapter 6, I return again to the main research questions and suggest some potential further elaborations.

## 1.2 Entering the field

Some events intrigued me as a scholar and had an influence on how the case studies were chosen for the thesis. Firstly, the changing ownership of Christiania led to several incidents that created carceral spaces inside the community and gave an opportunity to elaborate on the mechanisms behind the carceral in a Nordic context. Researching carceral spaces in the alternative community of Christiania was appealing especially since their ‘philosophy’ emphasises equality and freedom. Secondly, in 2016 elderly care emerged in the newspaper headlines in Finland when a questionnaire by Valvira (National Supervisory Authority for Welfare and Health) (2016) revealed that 93% of the nursing staff had observed mistreatment in elderly care. Thus, it seemed worthwhile to study the current state of elderly care in Finland. Finally, in 2016, a journalist from the local newspaper in Turku exposed several occurrences of misconduct that had apparently happened in the geropsychiatric ward of Kupittaa hospital. Allegedly patients were overmedicated, abused, neglected and secluded illegally (Härkönen, 2016). While these cases related to the mistreatment of elderly and geriatric patients were quite disturbing in their nature, the cases revealed a need to study institutions of care from different perspectives.

The thesis has been written in a Nordic context. All the four case studies are situated in Nordic countries: Denmark and Finland; furthermore, I live, work and study in Finland. Even though Nordic countries are usually assumed to be welfare states (which they in many ways are), it is worthwhile to recognise the societal challenges they comprise. Conversely, there is an opportunity to elaborate on those mechanisms that discreetly allow and establish the carceral in the society.

Next I will describe the background and context of the research topics starting with Christiania and continuing on to a brief history of institutions in Finland. The beginning of the Freetown of Christiania started in 1971 when squatters took over an abandoned military area in Copenhagen. In 1973, the Social Democratic government of Denmark gave Christiania the status of a social experiment. This lasted until 1978, when the High Court ruled there should be an immediate clearance of Christiania. However, the rule did not have any consequences, partly because of the wide demonstrations. In 1989, the Danish Parliament accepted the Christiania Act, which practically legalised the squatting (Thörn et al., 2011: 7). Nevertheless, Christiania stayed as a topic of politics. The new bill was enacted in 2003 and this amendment of the law was an attempt to include Christiania in a range of Danish laws that were much more goal-oriented than before. In 2004, the law was revised by the new Liberal-Conservative government and stricter rules were implemented about using the area and informing the government about the use of buildings (Thörn et al., 2011). Christiania had a special legal status of a Freetown until 2011, with a self-governing community was using consensus democracy and spoken law. In 2011, the state forced the community to purchase the area and currently most of the area



and buildings of Christiania are owned by a foundation, established by residents of Christiania. The State owns only a few preserved parts which are rented out to the foundation (Rannila, 2019: 602-603). The community, which has always been against ownership, is now a property owner.

Three of the four articles in this thesis are situated explicitly in institutional premises. First I will briefly describe the institutional context of elderly care and after that the institutional context of mental health care in Finland. Until the 1960's, (municipal) institutional care was the main form in elderly care and the number of people cared for in institutions remain high until the 1980's. In the 1970's, the increased municipal home help for residents over 65 years lowered the number of people in institutional care. Due to the economic recession in the beginning of the 1990's, funds were cut from public services, especially from elderly care. Together with the liberalist market policy the recession opened up space for the marketisation and privatisation of elderly care. Nowadays, the institutional care provided by municipalities has been increasingly transformed into residential care. In residential care, the resident pays separately for care, accommodation, services and medication (Anttonen and Häikiö, 2011: 74-76). Based on my experience in the research field, residents might stay inside the same institution, in the same room as before, only the rhetoric and the payment structure of the services changes.

Mental health institutions were a common care form in Finland in the 1960's when (proportion to population) more people were treated in mental health institutions than anywhere else in the Western world. At that time, these institutions also provided accommodation for the lonely and poor (Ahonen, 2019: 15; see also Foucault, 1967/2001). The tendencies for deinstitutionalisation processes increased all over the Western world after the 1960's, especially in the United Kingdom and in the United States (see Wolpert and Wolpert, 1974: 63) and started what is now called a post-asylum era. Old psychiatric hospitals 'asylums' were seen as inhumane and as violating human rights (Ahonen, 2019: 15). As a result of this, many of the 'asylums', were closed down and patients transferred to different care units and communities in the form of outpatient care. The deinstitutionalisation influenced the forms of institutions and the forms of care by emphasising the relocation of people with mental health issues into the community (e.g. Brown et al., 2018: 114-115). In Finland, the outpatient care patients mostly live at home or they are offered service housing. Psychiatric treatment is provided for example in outpatient clinics and day centres or through home care.

Deinstitutionalisation processes were found quite problematic for instance in the United States, since the forms replacing the previous mental care were seen as inadequate (Wolpert and Wolpert, 1974). In Finland, the critique towards psychiatric treatment started in the 1970's, but the structural change in mental health services did not begin properly until the 1980's (Hyvönen, 2008: 118). The postponement in

Finland was caused partly by a new amendment to the Mental Illness Act in 1978<sup>4</sup>, which strengthened the outpatient care system by directing state assistance to rehabilitation programmes, boarding houses and sheltered employment. The delay in the deinstitutionalisation processes was not necessarily seen as a bad thing, since it allowed time for developing the outpatient care system and other care forms replacing institutional treatment (Hyvönen, 2008: 226-227). Nevertheless, the outpatient care system has been criticised for only being able to help those who are capable of functioning at some level and that people with severe illnesses are not receiving the treatment needed (Ahonen, 2019: 247). Thus, deinstitutionalisation has not always succeeded, especially as regards the fact that the opinions of key interest groups, such as service users and local communities, have not always been heard (Gleeson and Kearns, 2001: 77).

Particularly in English-speaking countries the process of deinstitutionalisation is also linked to the simultaneous rise of neoliberalism (Gleeson and Kearns, 2001: 61). Correspondingly in Finland, economics have influenced deinstitutionalisation, since large institutions were expensive for the state and municipalities to maintain (Ahonen, 2019: 15). The development of psychopharmacology<sup>5</sup> and new medical treatments also increasingly influenced the deinstitutionalisation processes (Ahonen, 2019: 86). Although the new landscape of institutions seems more fragmented than before, the features of closed institutions, control and categorisation are still also present globally in the alternative care forms, such as outpatient systems, open-care facilities, smaller units and activity centres (Ahonen, 2019; Topor et al., 2016).

In summary, the thesis concentrates on three different spaces: the alternative community of Christiania, nursing homes, and a geropsychiatric ward. Although seemingly different, these spaces are combined in the way that (neo)liberalist politics have influenced their progress and how they are controlled through these ideologies and carceral logics (more about carceral logics in Chapter 3.2). Furthermore, control causes some level of suffering to individuals. The spaces examined in the thesis are controlled for several reasons, such as security, therapeutic measures, shaping peoples' behaviour and punishment. All the spaces studied are regulated through laws and rules that define the official boundaries within which people can act and behave. These spaces are also managed by individuals or groups of people through their actions. Thus, these kinds of spaces of confinement are regulated by various norms that sometimes overlap and create complicated situations, especially concerning power and social relations. There is also an indication that the architectural design of institutions shapes

<sup>4</sup> The translation of the name of the law is mine. This law is now outdated, currently Mental Health Act, made in 1990 and amended in 2003, defines the practices in mental health care.

<sup>5</sup> The knowledge of psychopharmaceutical drugs

people (Olsson and Gren, 2017; Philo, 2017). However, I do not specifically elaborate on the physical structures in this thesis, although I acknowledge the importance of a built environment.

The articles in the thesis have been written so that the most open environment was researched first. This might seem illogical, but the first article challenged us to think how the carceral can emerge in an urban context and in (alternative) communities. Furthermore, this approach gave an opportunity to further elaborate on the forms and features of the carceral in more obvious carceral environments, which in this case included institutions of care.

## 1.3 Original articles

### I Property and carceral spaces in Christiania, Copenhagen

This paper situates the carceral outside the traditional carceral environment, and thus challenged the authors to profoundly consider the very essence of the carceral. The carceral in the study consisted of normalising efforts, punitive actions and limiting the life of the residents. The carceral practices were most clearly seen in how those who did not share the community's opinions were treated, as well as through the normalising efforts of the municipality/state.

The article discusses how the changing ownership situation created carceral spaces in the alternative community of Christiania in Copenhagen, Denmark. In this co-authored article, we ask how the changes in ownership and laws concerning Christiania embedded carceral practices in the lives of the residents. The paper combines legal geography and carceral geography to illustrate how carceral spaces can develop through the power of property rights. As a co-author my main contribution was to study the case through carceral geography, whereas the first author was responsible for the theoretical framework of the legal geography. The findings suggest that different legal systems may produce legal pluralism and multiple layers of control, which cause confusion amongst people. The normalisation processes suggest that the carceral can be understood in a more-than-institutional context in the way that both alternative housing and communities are 'othered' or criminalised in order to justify carceral actions.

### II Spatial control and care in Finnish nursing homes

This paper studies spatial control and how it influences the care of elderly people in nursing homes. I ask questions about how the forms of care and control manifest spatially and how the control is implemented through physical borders, restrictions and regimes. The growing number of cognitively impaired residents in nursing

homes has set new challenges for care work. These residents may not be time or space oriented and they might experience security measures, such as locked doors, as carceral practices. These practices that are not intended to be carceral yet feel as such and can be called quasi-carceral. The paper also indicates that because of the regime, most of the control in nursing home has spatiotemporal effects. These findings suggest that the constant haste has an impact on the quality of care and exposes people to (spatial) mistreatment.

### III Carceral layers in a geropsychiatric unit in Finland

The layered ontology of the carceral is exemplified in this paper by using mistreatment cases that allegedly occurred in a geropsychiatric ward in Kupittaa hospital in Turku, Finland. My question is, how do carceral layers actualise in the psychiatric ward and what spatial effects they have. The findings of the paper suggest that carceral layers can accumulate spatiotemporally, thus creating some spaces more carceral than others. The paper also emphasises that especially cognitively impaired patients were exposed to several carceral practices, such as overmedication, deprivation of liberty and rough handling. These mistreatment cases were enabled by an adverse working culture that had developed on the ward for years. This finding also gave an impetus for the next article.

### IV Preventing or inflicting risks? Carceral riskscape and working in the spaces of mental health care

The concept of carceral riskscape is used in this article, which continues to study the events of the geropsychiatric ward in Kupittaa hospital. I introduce the concept of carceral riskscape to further understanding about the connection between risk and carceral spaces. In the paper I ask, how carceral riskscapes are formed in a psychiatric ward and what effects do they have on the life in the institutions. Through the concept, I studied the working culture of the geropsychiatric ward. The working culture in health care is still less studied in geography (Connell and Walton-Roberts, 2016; see though Emmerson, 2019; Gee and Skovdal, 2017). The findings indicate that the carceral riskscapes influenced the development of an adverse working culture and the means by which it was maintained on the ward. The paper also emphasises the inequality of carceral riskscapes, which is demonstrated in each example in the article.

## 2 Theoretical framework

### 2.1 Carceral geography

Carceral geography has been the corner stone of thinking in every article included in this thesis. While being a rather new sub-discipline, carceral geography has developed considerably during the writing process of the thesis and is continuously expanding. Nevertheless, the viewpoint of carceral geography has been less used in the Nordic context (see though Moran and Keinänen, 2012; Moran, 2015; Turner, 2016). Furthermore, the existing literature has concentrated mainly on prisons, enabling novel consideration about the carceral outside of the prisons in the Nordic context. The roots of carceral geography are in the ‘punitive’ or ‘carceral turn’ which influenced the thinking of human geographers on how to study incarceration (Moran, 2015: 1; Moran et al., 2018a: 666). The earliest papers that can be called carceral geography are from the late 1990’s and from the beginning of 2000 (Moran, 2015: 1). However, it was not until 2011 when the term carceral geography was coined to describe this field of research (Moran, 2015: 1). There are three main research themes identified in carceral geography: the nature of carceral spaces and how they are experienced, the spatial geographies of carceral system, and the relationship between the carceral and punitive state (Moran, 2015: 2). I consider this thesis to be located best in the first theme, since it examines the processes and features related to carceral spaces. At first, carceral geography drew inspiration from prison studies, hence spaces of incarceration are still an important part of carceral geography. Recent studies have also extended the carceral outside prison environments, challenging the concept of the carceral and emphasising the spreading of carceral techniques and mechanisms in society (e.g. Foucault, 1977/1995). Latterly carceral geographers have studied for example orphanages (Disney, 2015; Disney, 2017), secure units for children (Schliehe, 2016a) and housing estates (Villanueva, 2018).

*Discipline and Punish* by Foucault (1977/1995) is one of the corner stones of carceral geography. Foucault (1977/1995) not only explained how prisons were developed and operated but he also described how their discipline techniques spread throughout society. However, already in his lectures in 1973–1974 Foucault (2006) had introduced the concept of disciplinary power; a discreet power that works through networks and is visible only to those who are objects of that power.

Disciplinary power, as Philo (2007: 152) also has stated, anticipates Foucault's well-known thinking in *Discipline and Punish*. Disciplinary power illustrates the general dissymmetry of power in psychiatric institutions, which Foucault (2006) saw as a core problem in institutions. Hence, the power relations in psychiatric settings are not equal in the first place. Philo (2007: 151) has interpreted that this "deeply unequal nexus of power between psychiatrist and patient" is at the core of the actions in a psychiatric hospital. Foucault (2006: 52) calls the disciplinary apparatus "isotopic [in the sense that] every element in a disciplinary apparatus has its well-defined place". Hence, power relations are related to competition, seniority, examinations, and so forth. For a disciplinary system that tends to categorise and classify, anything deviant is an opponent and marginal. This leads to normalising, to which Foucault (1977/1995) returned in *Discipline and Punish*. The development of Foucault's thinking can be seen from the lectures about the discipline of power to the ideas of the carceral, which anticipates further the discussions about biopower (e.g. Philo, 2012a). In this thesis, the emphasis is mainly on the carceral.

In *Discipline and Punish* Foucault (1977/1995) discussed the carceral, the power or the regime, which originates from prison and spreads from there through different forms throughout society. He does not give a straightforward conceptualisation about the carceral but connects it to lowering the threshold for punish and judgement, to self-regulation and most of all normalising the deviant and abnormal. In the last chapter of the *Discipline and Punish*, Foucault (1977/1995: 293-308) describes how the carceral influences society. The use of manifold descriptive terms embellish the text throughout the chapter. The system, the circles, the archipelago, the continuum, the network, even the pyramid are all mentioned in the chapter. For example, carceral circles widen the penalty away from the prison and cause the form of prison to diminish and disappear (Foucault, 1977/1995: 298). The carceral archipelago describes all kinds of institutions that use discipline power, but are on the outside of criminal law. The carceral archipelago developed further to the carceral continuum, established when "the frontiers between confinement, judicial punishment and institutions of discipline [...] tended to disappear" (Foucault, 1977/1995: 297). The carceral continuum provides a communication between power of discipline and power of the law and extends the power to judge (Foucault, 1977/1995: 304). For Foucault (1977/1995: 303) the essence of punishment is similar to that of curing or educating, which he connects to normalising and further to the activity of judging. Hence, he claims, these methods have caused the spreading of the judges of normality all across society: to education, curing, and social work (Foucault, 1977/1995: 304). By using all these concepts and not actually conceptualising them, these terms sometimes feel overwhelming. The differences between the concepts are subtle and vague. Although *Discipline and Punish* has been said to be puzzling after

it was published (e.g. Driver, 1985), it has raised discussions and questions for decades, especially at the early phase of the development of carceral geography.

Thus not surprisingly, the work of Foucault has also been contested. For example, it has been said that he did not pay enough attention to the agency of inmates in carceral spaces (Moran et al., 2013a; Moran et al., 2013b; Sibley and van Hoven, 2009; Valverde, 2017). Furthermore, the viewpoints of Foucault have been seen to be too homogenous and not acknowledging the variety of spaces, such as liminal carceral spaces (e.g. prison visiting rooms) (Moran, 2013). The ‘carceral ubiquity’ of Foucault, i.e. seeing the entire society as a platform for different possibilities for spreading the carceral, leaves questions about the essence of the carceral (Moran et al., 2018a: 669). Thus, the work of Foucault gives a good starting point for carceral studies but leaves space for more detailed studies about the carceral environments and the very essence of the carceral. Carceral geography has been developing constantly, both theoretically and conceptually. Contemporary carceral geographers have discussed the spreading of the carceral through circuits of people, objects, and practices (Gill et al., 2018: 197). Carceral circuits describe how people, practices and objects circulate in/between carceral spaces and further into society, thus spreading the carceral beyond the carceral premises. Carceral churn describes how people move between institutions. This movement can be gradual or cyclic (Schliehe, 2014). Turner (2016: 235) suggests that the spreading of the carceral can be seen as a patchwork to connect the actual and philosophical prison boundaries, boundary-making and a wider network of confinement. The carceral and its forms have been vastly conceptualised by Foucault and carceral geographers. For clarity, the most prominent concepts are gathered together in Table 1.

**Table 1.** Concepts used in carceral geography

CONCEPT	DEFINITION
The carceral	The carceral naturalises the legal power to punish, as it legalises the technical power to discipline (Foucault, 1977/1995). The essence of the carceral contains carceral conditions: detriment, intention and spatiality. Detriment describes the harm caused, intention rules out medical conditions, spatiality expresses that the carceral always happens in some space. The carceral can be seen as relative, depending on the experiences of individuals (Moran et al., 2018).
Carceral archipelago	A series of institutions that use the discipline power, but are beyond the frontiers of criminal law (Foucault, 1977/1995).
Carceral capacities	Elaborates on the features of carceral spaces through volume, which considers vertical and horizontal dimensions. For example, in spaces of confinement the vertical space has been utilised by using double or triple bunk beds. Related also to the capacity to act, which is related to power (Peters and Turner, 2018).
Carceral churn	Moving between different types of closed institutions, may be gradual or cyclic (Schliehe, 2014).
Carceral circles	Widen the penalty further from prison and causes the form of prison slowly to diminish and finally disappear (Foucault, 1977/1995).
Carceral circuits	Circuits of people, objects and practices which circulate in/between carceral spaces (Gill et al., 2018).
Carceral continuum	The frontiers between institutions disappear and create a continuum, which diffuses the penitentiary techniques into society. Provides a communication between power of discipline and power of the law and thus enables the spreading of the power to judge to e.g. education and social work (Foucault, 1977/1995).
Carceral escapism	Reduces the anxiety of being confined through: fantasy (Rowles, 1978), imaginative mobilities (Gacek, 2017) and imagined liberty (Article II).
Carceral logics	Thinking that postulates the development of the carceral by seeing the confined population as animalistic and dangerous. This allows direct carceral actions towards certain populations through e.g. criminalisation and racialisation (Morin, 2018).
Carceral practices	Used for example to adjust the 'wrong kind of behaviour' and normalising through discipline power (Foucault, 1977/1995). The practices of incarceration, which are linked to confinement, discipline, control, degradation and neglect (Moran, 2017).
Carceral space	Power related sites that enable organised control, capture and confinement of human beings (Story, 2019). Spaces that are produced through three carceral conditions of detriment, intention and spatiality (Moran et al., 2018) and are connected to carceral logics (Morin, 2018).
Quasi-carceral space	Not actual spaces of incarceration, but they share similar forms of limitations and control (Felder et al., 2014; Altin and Minca, 2017).



For carceral geography it is quite typical to be in a close dialogue with other disciplines, such as criminology (Moran et al., 2018a: 669). Carceral geographers have also combined other geographical approaches to their studies, such as legal geography (Villanueva, 2018), historical geography (McGeachan, 2019), labour geography (Cassidy et al., 2019), critical animal geographies (Morin, 2016; Morin, 2018) and children's geographies (Disney, 2015; Disney, 2017) to mention a few. One of the most significant contributions of carceral geography is to combine the geographical way of thinking about space and spatiality to carceral studies. In contemporary human geography, space can be seen as relational. Space is constructed for example through physical frames, social interactions and objects, which are in a relation with space and vice versa (Massey, 2005; Moran, 2015; Ridell et al., 2009). Thus, space can be seen as multiple, open to interpretations and unfinished (Massey, 2005: 59). The relationality of space in carceral geography means that spaces of confinement are not seen as spatially fixed, but "fluid, geographically-anchored sites of connections and relations, both connected to each other and articulated with wider social processes through and via mobile and embodied practices" (Moran, 2015: 150). Thus, carceral geography is not only about studying carceral spaces. It also challenges the way these spaces are seen and how they are constructed. Through the relationality of space carceral geography has brought new viewpoints to, for example, prison spaces.

## 2.2 Institutions and geography

The thesis is also connected to institutions. First of all through the institutional spaces researched in the thesis and secondly, via an understanding of those institutional mechanisms in the background which allow control, categorisation and confinement. The connection of institutional space and the carceral can be seen quite natural. Institutions such as prisons and closed psychiatric units are built to confine people and thus makes obvious connection between institutional space and the carceral. It can be said that closed institutions are tools of carceral logics: to keep dangerous people in. Nevertheless, in the case of institutions of care the carceral is ambiguous as explained more thoroughly in Chapter 5.1.

The term 'institution' itself is contestable (Philo and Parr, 2000: 513). Institutions may refer to large buildings and environments where people are controlled, cared for, rehabilitated and/or punished (see Philo and Parr, 2000: 513). If institutions are seen more widely as common practices or organised social groups (Douglas, 1987: 46), communities can also be seen as a one kind of institution. For Topor et al. (2016: 732) an institution can be defined through the totalisation. By this they mean that some people have total access to the information that can shape other individuals' lives. For them (2016: 736) an institution is not only 'brick and mortar'

but also manifests in different landscapes in different forms (see also Philo and Parr, 2019). Institutions influence the mundane lives of the people by forming structures. Furthermore, people reproduce these structures through practices (Paasi, 1986).

Twenty years ago Philo and Parr (2000) called for studies that would explain how institutions operate and which mechanisms produce them. Interest towards institutions has yet not diminished (Disney and Schliehe, 2019; Philo and Parr, 2019), and we still have a considerable amount to learn about them (Philo and Parr, 2019: 246). There is already a vast amount of literature about institutional geographies (Andrews and Shaw, 2008; Barker et al., 2010; Billo and Mountz, 2016; Brown et al., 2018; Disney and Schliehe, 2019; Liaschenko et al., 2011; Philo, 1987; Philo and Parr, 2000; Topor et al., 2016). These studies have concentrated for instance on the locations of institutions (Philo, 1987), actions inside institutional premises (Parr et al., 2003; Philo and Parr, 2000), surveillance in institutions (Barker et al., 2010), making and re-making institutional spaces (Andrews and Shaw, 2008; Repo, 2016) and institutional geographies of the dying (Liaschenko et al., 2011).

Several decades ago Goffman (1961/1991) wrote about the ‘total institution’. He (1961/1991: 17) argued that people are living basically in three spheres of sleep, play and work, which are merged in institutions to enable the bureaucratic handling and supervising people. He described the institution as a place, where all aspects of life are conducted under the same roof and under one authority. Daily activities are similar for all and they are carried out together with others. These activities are scheduled with strict timetables given by the authorities. In addition, several enforced activities fulfilled the official aims of the institutions. Goffman’s idea of total institutions has been contested especially by carceral geographers, who consider it too rigid and closed in the sense that it does not pay attention to the interactions between institutions and the outside world (Baer and Ravneberg, 2008; Moran, 2015). Nevertheless, the importance of the study as describing institutional circumstances has also been acknowledged (Schliehe, 2016b). While I found Goffman’s description of institutional life useful, the theoretical emphasis has been on the work of Foucault and carceral geographers, specifically concerning (psychiatric) power relations, spatiality, and the essence of the carceral.

Institutional spaces are commonly used to categorise. In his book *The Birth of the Clinic* Foucault (2003: 17) talks about tertiary spatialisation, which describes the typical categorisations used in institutional spaces. This categorisation leads to the isolation of people with diseases (Foucault, 2003: 17; see also Philo, 2000: 15). Categorisation also manifests when the staff, the residents and the visitors all have “different extents and levels of access, at different times, and under different circumstances” (Moran, 2015: 76). There are typically administrative areas inside the institutions that are out of bounds for patients (Goffman, 1961/1991: 203-204). The office is a typical example of an institutional space that is devoted to

administration and bureaucracy. It is the place where staff members can separate themselves from the life of the ward. There are explicit manners of control, such as doors, locks, access control and surveillance cameras for monitoring the movements in institutional premises (Repo, 2016). The main reason for the strict control of spatial actions, besides the safety reasons, is to maintain the institutional system (see Foucault, 1977/1995). One essential part of the institutional system is a regime through which people move and are moved at certain times to certain spaces. Moving can also be part of the punishment or/and control, which creates specialised spaces inside institution (Goffman, 1961/1991: 54). If the regime includes overlapping regulations and practices, they might produce chaos instead of maintaining the order in institutional spaces (Repo, 2016: 58). Furthermore, categorical thinking, when it spreads outside institutions, has an influence on people and their possibilities (e.g. Tedeschi, 2019: 62).

Disney and Schliehe (2019: 196) summarise three points based on the studies of institutional geographies. Firstly, institutions may, apart from their material form, operate through practices, rules and routines. Thus, institutions do not have to be bounded but they might be more ‘loose’ organisations that aim to shape the behaviour of people. It has also been acknowledged that institutional features may shift from the institutional premises to the home through home care (Milligan, 2009). Foucault (2006: 15) argues that the term institution is dangerous, since when we talk about institutions we start to consider the rules connected to institutions as normal. He encourages paying attention to the imbalanced power relations, which he thinks is what makes the institutions function (see also Olsson and Gren, 2017). The former institutional hierarchies and power relations tended to transfer to deinstitutionalised care forms. Thus institutional practices also increasingly appear beyond institutional borders (Disney and Schliehe, 2019: 196). Part of this may be the result of deinstitutionalisation processes that aim to spread care work to different units (Topor et al., 2016: 736). These ‘micro-institutions’ have spread the features of institutions outside the actual premises and into communities, homes and even individual bodies (Topor et al., 2016: 736; c.f. Foucault, 1977/1995).

Secondly, institutional spaces are seen increasingly as troubled and precarious (Disney and Schliehe, 2019: 196). Not only because of the confinement of the troubled but because they contain uneven conditions. In a period of austerity this raises questions, for example, of quality of care and if it is achievable equally. Disney and Schliehe (2019: 197) thus remind us that in the time of neoliberal austerity geographers have to think “how institutional spaces are reshaped, repurposed and reborn.” Thirdly, the balance between care and control may not be achieved in institutions (Disney and Schliehe, 2019: 196; e.g. McGeachan, 2019; Minca and Ong, 2016; Philo, 2017; Philo and Parr, 2019; Wainwright and Marandet, 2019). For example, control can be seen as a natural part of care and the role of control (or the

balance between care and control) may not be questioned by authorities, care professionals or care architects (Philo, 2017: 28-29). The combination of care and control has significant relevance for well-being in contemporary society and is discussed more in Chapter 3.3. Thus, there is still a need to critically examine all forms of institutions. “We urge a staying with institutions, recognizing that they cannot be magically wished away, certainly in their more distributed guise or as weakly defined ‘patterns’ for organizing social worlds, but neither in their more concrete, gated, locked and barred forms pin-pricking our landscape” (Philo and Parr, 2019: 246). It is especially relevant to understand the changing forms of institutional space in order to perceive the most advantageous ways for deinstitutionalisation.

## 3 Key concepts

### 3.1 The carceral

The current discussions in carceral geography have raised questions about the essence of the carceral. Moran et al. (2018a: 676) has suggested that the carceral is relative rather than absolute (see also Baer and Ravneberg, 2008). This means that the experiences may vary between people: something that is not meant to be carceral might indeed feel like it. In order to clarify the essence of the carceral Moran et al. (2018a: 677-679) have described three carceral conditions: detriment, intention and spatiality. This classification has been contested by Hamlin and Speer (2018: 2), who argued that detriment and intention could be replaced with the concept of violence so as not to reduce incarceration to an “individual animus or ad hoc decision making”. As a response to the critique Moran et al. (2018b) stated that their definition does not concern only the incarceration but also the extended forms of the carceral. In that sense, I follow Moran et al. (2018a) and find these conditions as a good starting point for conceptualising the carceral.

According to Moran et al. (2018a) the first condition, detriment is the physical, physiological or emotional suffering that people experience in carceral conditions. The second condition, intention, was added to exclude detriment caused by medical conditions such as claustrophobia or other diseases or disabilities that may limit a person's life. The intention thus refers to an external agent that implements the carceral. They add that the external agent does not have to be legal or ratified by the state, but can, for example, be a family structure, human traffickers or an armed militia. However, especially when one person confines another (such as grounding) they suggest seeking the motivation, such as controlling behaviour, or the structures behind the confinement (Moran et al., 2018a: 677-678). The carceral is achieved through spatiality; it is always related to some kind of space, whether it is a home, a prison, a school or a body. Thus, if there is detriment and intention, there will be a space where the carceral is conducted. Carceral spatiality “seems characterized by a technology of confinement: (intentionally) keeping-in, (detrimentally) containing those ‘within’” (Moran et al., 2018a: 679). This especially concerns institutional spaces, but carceral spatiality can emerge in many ways: through actual walls,

through restricting mobility (e.g. electronic monitoring) and in the ways the intention and detriment have influenced people after the confinement (Moran et al., 2018a).

Although all the agents of confinement are not formal or state related, the decision-making, politics and policies are an important part of the construction of the carceral. Decision-making has an influence on spatiality for example in the form of capacity. Peters and Turner (2018: 1040) introduce ‘carceral capacities’ to express the multiple dimensions of carceral spaces. The background of the term can be traced back to the discussions concerning territorial power and the expression of volume. Volume here is considered to include both horizontal and vertical aspects of space. In carceral studies the vertical aspect can be found for example from the top down gaze of Panopticon or from the underground dungeons of early prisons (Peters and Turner, 2018: 1040-1041; see also Elden, 2013). Capacity is used to describe how much of the volume of a space can be filled, for example, how many bodies fit in the space. For instance, double or triple bunk beds are sometimes used in prison in order to utilise the space vertically. Capacity to act refers to the power which often attempts to deny people this in carceral spaces (Peters and Turner, 2018: 1041-1042). Capacity also refers to capability. For example “the capacity of staff to deal with day-to-day tasks and exceptional crises as their volume in numbers reduce” (Peters and Turner, 2018: 1048). Thus, capacity (of staff) has relevance to accomplishing their tasks. This raises questions about how capacity influences the quality of care. Furthermore, a lack of capacity may lead to exaggerated control (Disney and Schliehe, 2019: 196) and further to carceral practices. Hence, the decision-making is linked to the capacity, since the capacity of the staff is related to politics and decisions made by authorities.

## 3.2 Carceral space

Story (2019: 4) defines carceral spaces as power related sites that enable organised control, capture and confinement of human beings; although, in contemporary research the carceral spaces of non-human animals are also recognised (Morin, 2018). Moran (2015: 17-28) conceptualises the carceral space by relying on the research traditions of human geography. She notes that these spaces are multiple and heterogeneous with various aspects of control but also include agency. Scholars have acknowledged different levels of carceral spaces. For example, prison visitation rooms have been studied as liminal carceral spaces (Foster, 2017; Moran, 2013). Furthermore, spaces before, after or between a confinement have been studied as transcarceral spaces (Allspach, 2010; Moran et al., 2013c; Moran, 2015).

Quasi-carceral spaces refer to spaces that are not actual spaces of incarceration, but they share similar forms of limitations and control. Studies of quasi-carceral spaces encompass for example refugee camps (Felder et al., 2014) and hospitality

centres for asylum seekers (Altin and Minca, 2017). Common to these spaces is the fact that the people inside are not convicts<sup>6</sup> but nevertheless their life is limited by various means of control. Through new technologies, as in the case of electronic monitoring, the borders of carceral spaces are blurred (Gill, 2013: 26-27). Gill et al. (2013: 239-240) notes, that carceral spaces can be defined as

“all the grades and varieties of confinement that are possible outside formal prison systems. This includes spaces of confinement that fall under civil law, such as immigration detention, as well as the form of confinement that burst internment structures and deliver carceral effects without physical immobilization, such as electronic monitoring, surveillance and securitized public spaces.”

In this excerpt spaces of confinement is used as a synonym for carceral space. However, as explained earlier, in this thesis they are seen as separate concepts. Since the carceral is relative in its essence, it raises a question of whether any space can be carceral if it is experienced as such. What causes suffering for one person does not influence another (Moran et al., 2018a: 675-676). Hence, Moran et al. (2018a) call for researchers to place more emphasis on the study the qualities of the carceral rather than the binary categorisation of whether a space is carceral or not. Nevertheless, if everything can be called carceral, the term loses its meaning and its potential to understand why certain populations are situated in certain spaces by using those processes of domination and exclusion that allow the disciplinary power to restrict bodies (Morin, 2018: 11-12). As described in previous chapter, carceral spatiality is said to manifest through the technology of confinement, which includes intention and detriment (Moran et al., 2018a: 679). The three carceral conditions can thus define the carcerality of space. Morin (2018: 12) also suggests paying attention to carceral logics, which helps to discover those mechanisms and thinking that encourage the development of carceral spaces and helps to differ them from other spaces of confinement and exclusion. Carceral logics are used to confine humans (and non-humans), by seeing them as animalistic and dangerous. This allows direct carceral actions towards certain populations through criminalisation and racialisation (Morin, 2018: 120,122,145; see also Story, 2019). These processes are also linked to neoliberal ideologies and capitalism (Morin, 2018; Story, 2019).

<sup>6</sup> Quasi-carceralities are also mentioned briefly in relation to furloughs of prisoners (Moran et al. 2018). However, in this thesis I follow the conceptualisation of Felder et al. (2014) and Altin and Minca (2017) and consider that quasi-carceral spaces are not necessarily related to actual incarceration.

While this thesis does not concentrate on mobility *per se*, it is of note that the carceral means more than keeping people locked in. For example, Gill (2013: 24-25) argues that the carceral is not necessarily just ‘holding’, but also includes situations where people are moved against their will (e.g. Moran et al., 2012; Peters and Turner, 2017). These carceral mobilities are not limited only to disciplinary institutions but are also very much present in institutions of care, when people are moved around against their will (Disney, 2017).

### 3.3 Care

In this study, care is seen as something offered in institutions to those who cannot cope by themselves. The aim is either to maintain their quality of life and well-being (as in nursing homes) or to rehabilitate the person so that they can continue living either outside that institution or other institutions of care (as in a geropsychiatric ward). Care has been conceptualised by several geographers. Parr (2003: 213) notes that in medical geography care has been traditionally medical treatment in certain spaces, implemented by staff members. Thus, care has encompassed for example, the use of drugs, therapeutics and medical expertise. Brown (2003: 834-835) notes that care is also political because it is linked to such typical questions in a democracy as public resources, equity, justice, obligations, and rights. Milligan and Wiles (2010: 740) note that: “landscapes of care are multi-layered in that they are shaped by issues of responsibility, ethics and morals, and by the social, emotional, symbolic, physical and material aspects of caring.”

The concepts of ‘care for’ and ‘care about’ have also been separated (Milligan and Wiles, 2010: 740-741). Through these concepts the motives behind the care is elaborated. ‘Caring for’ encompasses the performance of caregiving whereas ‘caring about’ is always related to the emotional aspects of care. The effects of commodification on care have also been recognised. When care becomes a product, it supports care without caring (Green and Lawson, 2011: 646) and emphasises more the performance of caregiving than the emotional aspects of care. However, Puig de la Bellacasa (2017: 5) contemplates whether affective involvement is necessary in care work, and if not, can care work without affection be counted as care? As hard as this question is to answer, it illustrates the multiple and contemplated aspects of care and care work.

Scholars have long recognised the significant connection between space and care in geographical studies (Brown, 2003; Brown et al., 2018; Conradson, 2003; Green and Lawson, 2011; Milligan, 2003; Milligan, 2009; Milligan and Wiles, 2010; Parr and Philo, 2003). For example, physical remoteness effects the availability of care services (Parr and Philo, 2003: 484). It also matters, whether care is implemented at home, in an institution or in some other space. Thus, care produces particular social



spaces (Conradson, 2003). Furthermore, the new care technologies along with deinstitutionalisation and increasing home care blurs the boundaries between private and public as well as institutional and non-institutional spaces (Milligan and Wiles, 2010: 746-747). Sensitivity is required in order to acknowledge how power relations transfer and emerge in the home space through care, as in home care (Brown, 2003: 837; Milligan, 2009: 76).

Philo (2017: 26) notes that the reciprocal relations of control and care lead to situations where they cannot be easily separated. This interaction encompasses for example architecture, practices and institutional regimes. Care is planned with control in mind and this leads to delicate situations when balancing between these two aspects. Being in control of the space may increase the well-being of those who are taken care of, especially in institutions (Brown, 2003: 840; Pirhonen and Pietilä, 2016). Thus, it is important to recognise and analyse the relationship between care and control.

The relationship between care and carceral has raised some interest among carceral geographers (Ollivon, 2019; Schliehe, 2014). For example, closed psychiatric care has similarities to prison through surveillance, boundary negotiations and long-term effects (Schliehe, 2014: 81). Moreover, heavy control and lack of privacy connects spaces of care to carceral spaces. The motives of care are sometimes embedded with practices of surveillance and policing (Vuolajärvi, 2019). However, the intention to cause detriment as such is lacking in care work (or at least should be), which differs the care from the carceral. Furthermore, the new penal technology in the form of electronic monitoring has brought aspects of care into the carceral, since the home visits of probation counsellors are experienced in some cases as care (Ollivon, 2019: 230-231).

### 3.4 Riskscape

Risks manifest in peoples' lives in various forms and scales. There are risks, such as the risk of environmental hazards or pandemics, which influence a large number of people. People also have to confront risks every day in quite mundane matters. What people consider as a risk depends on their previous experiences, attitudes, coping skills and social influences (Müller-Mahn et al., 2018; Renn et al., 1992). The concept of risk has been configured in risk studies for decades and risk has been studied in several disciplines, such as sociology, environmental studies, labour studies, social policy and criminology (Mythen and Walklate, 2006). Beck (2000) states that when trust in our security and belief in progress ends, a discourse on risk appears. Thus risk characterises a state between security and destruction (Beck, 2000: 212-213), where the perception of risk starts to influence thoughts and actions. What harm could occur? How could the possible harm be avoided? These questions

point out something that has not yet occurred, thus, the risk itself is considered to be related to the future (Müller-Mahn et al., 2018: 207). For Beck (2000: 214) the future starts to determine the present, because we are obsessed with what could happen in the future, if we do not take actions in the present day. Beck (2000: 218) adds that “risks become the all-embracing background for perceiving the world, the alarm they provoke creates an atmosphere of powerlessness and paralysis.” This gives the impression that potential risks have started to rule the lives of people and thus limit their actions.

Beck (2000: 216) connects risk and risk perception with the logic of control which originated from the control of the state. People are controlled from the top down using the perceptions of risk. These actions of control normally suggest what should not be done, not what should be done. In addition, “risk has become a mechanism for understanding and organising social processes and experiences” (Mythen and Walklate, 2006: 3). Nevertheless, risks also emerge subjectively, thus risk can be seen as a dynamic phenomenon, that is constantly present in the everyday lives of individuals (Mythen and Walklate, 2006: 3). These everyday challenges are described as the individualisation of risk (Beck, 1995; Lupton, 2003). The individual is responsible for his/her own fate through the choices they make. Risks can also multiply, since they are entwined with each other through causalities (Müller-Mahn and Everts, 2013: 27-28).

The concept of riskscape has been used for example when studying environmental hazards (Frick-Trzebitzky et al., 2017; Macey, 2010; Morello-Frosch et al., 2001) and societal challenges related to them (Jenerette et al., 2011; Mair et al., 2011; Morello-Frosch and Lopez, 2006; Morello-Frosch and Shenassa, 2006). There are also a few studies related to care environments. Gee and Skovdahl (2017) use the idea of riskscape by following the concept of caringscapes (McKie et al., 2002) to emphasise the spatiotemporal perspective, individual experiences and embodied practices in the care environment. Although my study concerning riskscape was also situated in a care environment, I found the conceptualisation of Müller-Mahn and Everts (2013) and Müller-Mahn et al. (2018) useful because of the dimensions they use related to the riskscape. Müller-Mahn et al. (2018) listed six dimensions related to riskscape: power relations, practices, spatiality, plurality, social groups/subjectivity, and temporality.

Firstly, power relations influence the equality of the riskscape at an individual level, but they are often produced through state policies and structures. Power relations have importance concerning peoples’ ability to cope and confront risks and also in the way the opinions of lay people and professionals are valued in relation to risks. Secondly, the idea of risk is socially and culturally constructed to help us to cope with uncertainty and danger. Thus, different social practices are used to avoid risks in everyday life. Thirdly, risks shape spaces as do spaces shape risks. Thus, risk

and spatiality are in a close interaction with each other (November, 2008). Furthermore, the concept of riskscape answers a call to elaborate on the relations between risk and space (Lupton, 2003; Müller-Mahn and Everts, 2013; Müller-Mahn et al., 2018). Fourthly, the plurality of riskscapes means that several riskscapes are experienced in the same space. The fifth point is that riskscapes are experienced differently through subjectivity and social groups. Subjective perceptions of risk influence the formation of riskscapes. Furthermore, some of the social groups may have stronger possibilities to influence riskscapes than others. The sixth and final item is that one of the aspects of riskscape is temporality, since risk itself includes past experiences being connected to assumptions of future. Risk refers to challenges and opportunities that manifest in the future, depending on the present actions, which can be based on past experiences. There are two specific temporal dimensions related to riskscapes: incremental and eventual time. Incremental time represents the long-term development and eventual time describes a quickly changing or escalating phenomena (Müller-Mahn et al., 2018: 204-207).

Risk in relation to the carceral is still less studied despite the obvious linkage between them. As mentioned before, carceral logics are targeted to people who are considered dangerous. In other words, they produce risks to society, themselves or to other people. This logic can clearly be seen in the case of prisons, closed psychiatric units, or in the quarantining of areas with epidemics. The perception of risk produces carceral spaces and I will concentrate more thoroughly on this in Chapter 5.6.

### 3.5 Grey areas

In her studies about evil, Card (2002; 2000) uses the concept of a *grey zone*. She borrows the concept from former Holocaust victim Primo Levi, who describes how the victims of the Holocaust were put in oppressive situations when some of them were ‘promoted’ to be in charge of their fellow inmates. This caused traumatic experiences when those who were victims themselves had to victimise and use violence against their fellow inmates. Card (2002: 223) identifies three features typical of grey zones: “First, its inhabitants are victims of evil. Second, these inhabitants are implicated through their choices in perpetrating some of the same or similar evils on others who are already victims like themselves. And third, inhabitants of the gray [sic] zone act under extraordinary stress.” Typical for grey zones is also ambivalence and moral vagueness, the borders between good and bad become blurred. Those who oppress fellow human beings into grey zones destroy human goodness on purpose. Although the circumstances of concentration camps are extreme, similar features, such as being oppressed, mistreated and being under extraordinary stress can also be found in other spaces. For these “less desperate cases

that share morally important features” Card (2002: 221) uses the term *grey area*. The definition of a grey area is fulfilled, when people have to make decisions under extreme stress in order to maintain their basic security.

As Card (2002: 225) notes “grayness [sic] has multiple sources”. Firstly, the mixture of evil and innocence. The victims do not deserve the suffering they are experiencing, being in that sense innocent. They do not have the possibility to easily walk away from the situation either. Nevertheless, if they are oppressed into coercing others, can they be innocent? This moral contemplation also concerns those who know that some practices may harm people, but do not intervene for fear of suffering themselves. The term grey suggests that things are not black and white, not all bad nor all good (Card, 2002: 225-227).

The idea of grey area has been adopted in the study of care labour (Lanoix, 2009). As the term was raised concerning psychiatric care (Article III), I find this approach relevant. First of all, care labour suffers from instability and insecurity (Lanoix, 2009: 33). Many care workers work as substitutes or with temporary employment contracts. Traditionally, the turnover rate is also high in care facilities. These factors have an influence on the relationships between care workers and patients and on the dynamics between the care workers. For Lanoix (2009: 40) “The structure of care labor [sic] generates an environment that promotes moral uncertainty, or grayness [sic], because it repeatedly puts the care worker in a compromising situation.” These compromising circumstances may be actual care situations, where staff members have to make quick decisions under acute circumstances. Task oriented care labour objectifies the care receiver and focuses on the physical tasks of the care, leaving room for moral ambiguity and further grey areas. Furthermore, the need for haste in care work may cause moral choices to be compromised between the care workers’ actions and what they consider to be ideal care (Lanoix, 2009: 40-41).

The term *grey space* refers to “developments, enclaves, populations and transactions positioned between the ‘lightness’ of legality/approval/safety and the ‘darkness’ of eviction/destruction/death” (Yiftachel, 2009: 243). These grey spaces refer to marginalised and weakened spaces that are connected to for example danger and criminality (Yiftachel, 2009: 243). Grey areas and grey spaces are linked to the carceral in various ways, which I elaborate on in Chapter 5.4.

## 4 Methods and data

One of the key moments in methodology is when the research objects are selected (Del Casino et al., 2000: 523), since this choice defines the methodological approach. Del Casino et al. (2000: 523) notes: “Methodology requires the translation of epistemological and ontological precepts and assumptions into ‘data’ that can be analyzed [sic]”. They define three stages of methodology which are, the selection of research objects, the conceptualisation of the data and the formulation of research questions. Braverman (2014: 121) describes methodology as a “*craft*<sup>7</sup> of working through an inquiry or question.” Thus, she (2014: 120) encourages researchers to also reflect on the research process and not only on its goals.

The researcher is not in a vacuum, several aspects influence how the research is conducted. The work of Foucault has been my inspiration long before starting this thesis and can be traced back to the time I prepared my bachelors thesis in cultural history about WWII political prisoners in Finland. Since my background is in history, Foucault’s methodological way of studying how history creates the present has always intrigued me. I also acknowledge that my background in cultural history influences the way I see the world as consisting of (historical) layers and temporal continuums. In this doctoral thesis, the most significant ideas of Foucault (1977/1995; 2006) have been connected – especially the way he describes disciplinary power and how this power as well as the carceral spread throughout society via different networks. For me, methodologically, the most valuable teaching of Foucault, is the critique of given truths and questioning the obvious. In this thesis, the questioning has lead me to search for the carceral beyond traditional environments, questioning the forms of care in a welfare state and to seek epistemological tools for understanding the carceral more thoroughly.

The approaches of carceral geography have also been significant for this research in how the carceral is comprehended, especially in relation to space. “Thinking spatially through carcerality” (Turner, 2018) has opened up new empirical territories for geographers. Carcerality can be seen as a framework within which a wide range of empirical processes can be studied (Turner, 2018). Thus, carceral geography also

<sup>7</sup> Italic in the original text.

enables the exploration of incarceration beyond the obvious spaces such as prisons, and possibly revealing the carceral nature of space and practices. The carceral is seen as experienced and thus relative in its essence (Moran et al., 2018a: 677). I agree with this viewpoint and thus I suggest that carceral spaces can emerge in institutions of care as well as in communities as in Article I. Supported by these arguments I consider that the carceral is not bounded to sites (see also Armstrong and Jeffersson, 2017: 261) and can be for instance be extended to consider experiences.

In this thesis, two articles have features of ethnographical research, and two articles use documental data. Thus, I position this thesis more generally as qualitative research. As, typical of qualitative research, it does not tend to seek to find correct or dominant answers to research questions but rather concentrates on multiple meanings and interpretation of the research topic (Winchester and Rofo, 2010). Qualitative research in geography is a balance between the study of structures and processes and individual experiences (Winchester and Rofo, 2010: 6). For me qualitative research is a tool to gain a deeper understanding of the mechanisms and processes related to the research topic, usually including peoples' experiences as a part of the research. Three major groups of qualitative methods, oral, textual and observational (Winchester and Rofo, 2010: 8), have all been used in this thesis. Next, I introduce the methods and the data in relation to each article.

## 4.1 The methods and the data for article I

The data for the first article was a combination of documental and ethnographical research. The documental data consisted of official documents, such as agreements, laws and plans concerning Christiania. In addition, interviews and participant observation were implemented. The first author of this paper, Päivi Rannila, gathered most of the participant observation data. My contribution was to gather the documental data and participate in a one week observation of the Christiania in 2015. During that time, I interviewed representatives of the authorities of the City of Copenhagen and residents of the Christiania. Some of the interviews were implemented together with Päivi Rannila. These interviews were semi-structured, some of them were scheduled beforehand and some were done on site. Observation for me was a matter of moving around the area on foot or by bicycle, getting to know the places where locals spent their time and taking notes. There are only a limited number of individuals who are actually allowed to live inside the Christiania, thus I did not have any possibility to stay there, but I spent as much time there as possible during the daytime.

## 4.2 The methods and the data for article II

The methods used in the article concerning nursing homes were observations, discussions, group discussions and semi-structural interviews. The observation, discussions and group discussions were made in one nursing home, and the interviews with staff members and authorities were made in two different nursing homes in two cities. I do realise that the presence of a researcher affects the spaces studied. For example, the residents may want to show their best sides and they may not want to complain about anything in case it reaches the ears of the staff members. For people with cognitive impairments a strange person might even seem intimidating. Due to this, I considered observation essential in order to understand the research field. The significance of observation also became very clear after realising that in nursing homes the cognitive condition of some residents made the interviews challenging or even impossible. Observation was therefore carried out in one nursing home in two different wards and in recreational spaces. The observation in this situation can be called what Kearns (2010: 243) describes as uncontrolled observation. The goals of the research were clear, but uncontrolled observation gives room for unexpected phenomena. In uncontrolled observation, the researcher can use all his/her senses to notice colours, sounds, smells and so forth. The observation included staying in the ward with the residents, reading newspapers to them, working with the craft leaders, working as bingo assistants, organising parties for Independence Day, and taking notes both in common areas and in private rooms.

Group discussion and individual discussions were used when collecting data from the residents. The benefit of group discussions is that people can support each other during the discussions. However, the group dynamics may cause opinions to be contorted and some of the speakers may be more dominant than others (Valtonen, 2005: 236). When discussing with the elderly, it has to be taken into consideration that some of those wishing to speak may suffer from poor hearing or impaired sight. This may affect the person's ability to participate in a discussion. It is the responsibility of the researcher to evaluate and recognise the situation. After the first group discussion, it became clear that one-on-one discussion would be more suitable for this research. I then made semi-structured interviews with the residents supplemented with informal discussions and semi-structured interviews with staff members and the authorities. The interviews with the residents were done in the nursing home where the observation was conducted. The interviews with staff members and authorities were done in two different cities.

## 4.3 The methods and the data for articles III and IV

The material for the third and the fourth article was purely textual. Documental material was chosen firstly because I wanted to discover what documents could

reveal about the case. Secondly, the geropsychiatric ward G1 did not exist anymore when these articles were written. As regarding any research materials, documents have their advantages and limitations. The advantages are, for example, efficiency, availability and stability, while the limitations include insufficient details and low retrievability (Bowen, 2009: 31-32). The material consisted of internal reports concerning the ward G1, the official records of the City of Turku and reports by the National Supervisory Authority for Welfare and Health (Valvira), pre-examination police records, and trial records from the local court and court of appeal. Thus, the documentation follows the whole process from the first report to the trials. Some of the materials could be accessed through payment (Valvira reports, police pre-examination records), and some of the documents, such as the trial records, were public and thus easily accessed from the authorities.

The material from the police was available after certain parts of the information had been censored due to the Personal Data Act (1999), for example, information concerning a plaintiff's health or information concerning the patients. The pre-examination records of the police included personal statements of the accused staff members and the eight witnesses. In addition, the police had interviewed approximately 50 nursing students by phone and chosen one statement to represent these interviews. This data was gathered by different police officers through official protocols. Certain challenges exist when purely documental data are used. For example, the researcher has no power to choose the content of the documents and it remains unclear, why this one statement of a nursing student was chosen to represent all the phone interviews or whether the other 49 interviews could have included relevant information concerning the research. It is also necessary to bear in mind the original purpose of the documents (Bowen, 2009; Noaks and Wincup, 2004). For example, the interviews in the pre-examination material were done by several different police officers and this may have influenced what questions were asked and how.

Although Finnish law stipulates that "a witness shall truthfully and without concealment state what he or she knows in the matter under investigation" (2011: , s.7, 8§) the witness statements represent individual perspectives. Thus, these documents should not be treated as accurate or precise recordings of events (e.g. Atkinson and Coffey, 2011), but similar to interviews in any other qualitative research (e.g. Dunn, 2010). The witness statements merely provide information on the opinions and experiences of the staff members that worked on the ward at that time.

When I first read the research material for Articles III and IV, I found some of the content so disturbing that it caused physical reactions. It was difficult at first to maintain a distance to the material as a researcher and not let negative emotions influence the analysis. However, after the systematic coding the reactions towards



the material lessened. The reactions of the researcher seldom find their way into the journal articles (see though Gooch, 2019), but it is common knowledge that especially in ethnographical research and when vulnerable groups are studied, different emotions cannot be avoided. By identifying those emotions it is possible to understand their influence on the research. Thus, I see this kind of self-reflection as useful while doing the research.

## 4.4 The analyse of the materials

I have analysed all the materials included in the thesis, except for Article I, in which the analysis was done by both authors. Different materials also needed different kinds of analysis. When the materials of the first article was analysed, it became clear that some things were unsaid and some things could be read between the lines. The material was thus analysed discursively concentrating not only the content, but also on how the topics were discussed; this exposed what was left unsaid, and what kind of hierarchies and power relations were revealed by the data. In Article II, an analytic coding of the material was used. Analytic coding reflects the theme that the researcher is interested in and it concentrates on the context of phrases and actions and also the processes behind them (Cope, 2010: 283). The coding was done manually by keeping in mind the main themes related to the article.

The first two articles included different kinds of materials, such as interviews and observations. As Frilund (2019: 56) notes, the analyses of the material may already start in the field, especially when observing. Analysing-as-you-go enables developing more specified interviews, when observations give insights into what is really taking place (e.g. Kearns, 2010). Through observing it is possible to obtain a picture of social structures that are not perhaps explicitly described in the interviews. The material of the last two articles was purely documental and thus the analysis was a little different. I used a threefold document analysis method (Bowen, 2009: 32), which included skimming, reading and interpretation. Skimming means a superficial examination of the documents, which was used to select the relevant documents to be used in the research. Reading, means a thorough examination of the documents. While reading the material I manually coded it into different themes. The last phase, interpretation, includes both coding and analysing the text. As Bowen (2009: 32) notes, the document analysis combines elements of both content analysis and thematic analysis. In content analysis, the information is divided into categories in relation to the research questions. In thematic analysis, the material is read more carefully taking into consideration the meanings and connotations of the texts. In Articles III and IV the theoretical basis was decided before the analysis and the analysis was done by taking into consideration the theoretical concepts and aspects. For example, the material in Article III was examined through the lens of carceral

geography and special attention was paid to carceral practices and spaces, such as coercive methods and where these methods were implemented. In Article IV the material was coded according to the concept of carceral riskscape, with an emphasis on the influence of risk in connection to carceral spaces.

## 4.5 Ethical contemplation

I follow Dowling (2010: 26) in understanding research as a social process. Societal norms, codes and structures of power influenced the research. For example, cultural background, gender, age and so forth effect how the researcher interprets the material, or what kind of material s/he can gather during the field work. When we are involved in people's lives by interviewing and observing we also alter the social conditions (Dowling, 2010: 37).

Reflecting your own position in research is always significant. For example, in observation and interview situations the personal features of the researcher may have influence on the answers and how s/he can observe. The researcher may also be considered as 'an outsider' who is not told everything (e.g. Rannila, 2017; see also Dowling, 2010). However, sometimes being an outsider also helps to gain information (Article I). Critical reflexivity invites researchers to contemplate social relations and if they affect the data (Dowling, 2010: 37). It also helps to recognise prevailing power relations and their impact on both the research and the informants. These power relations can also be seen in language (e.g. Diver Wentz and Higgins, 2014). I realise that because English is not my native language, I might miss some connotations of the language or use the language incorrectly. Nevertheless, I have tried to avoid hierarchical and evaluative terms and language in my writing. Furthermore, the texts have been proof-read by a professional and native speaking proof-reader.

A researcher and an informant are often in altered speaking positions (Dowling, 2010: 32). This means that they might be in a different social position, or might have dissimilar possibilities to influence the situations. Albeit in some cases elderly people have power to decide about their care, I find that as a researcher my possibility to influence the care of the elderly is better. However, I do acknowledge the difficulties that a researcher has to face in order to influence ongoing systems and society in general (e.g. Harrowell et al., 2018). The publication processes are long and the publications are only available for some. Furthermore, the journal articles seldom resonate with wider audiences. Thus, it has been important for me to speak publicly about the themes of the thesis, not only in scientific conferences, but also to health care professionals, nursing students, associations and at public events. Contemplating ethics and moral obligations as a researcher was especially significant while writing this thesis, since many moral rights of the people related to

the research had been violated: unethical and amoral practices were the reason that led to the events described in Articles III and IV.

One of the basics of research ethics is not to take advantage of people's situation to gather the data. In my own research, I realised that doing field work at the nursing home involved reciprocal actions. Most of the times the residents were really happy when someone had time to talk to them or take them outdoors. I also used some of my field time to just talk to people or keep them company without research goals, especially if these people were suffering from advanced dementia and were unable to recognise the situation.

It was clear from the beginning that throughout the thesis I would treat people related to the research anonymously. For example, in Article I we decided not to use direct quotes from some interviewees, because in a small community they could have been recognised, which would have possibly led to delicate situations between community members. Furthermore, we did not use interviews if the interviewee was clearly intoxicated. In Article II, I decided to also anonymise the place where the field work was conducted. Gathering data among and from older people raises several ethical questions. Do the informants understand that they are speaking to the researcher? Although it is explained to them, they might forget it in a short while. For example, during the group discussion one of the discussants asked me if I was doing my homework while I wrote my field diary. I noticed, that the longer the discussions were, the more confused the residents became. Thus, the actual interviews were kept rather short and afterwards the interviews were supplemented with more informal discussions. In Finland one needs permission from the municipality as well as from the head nurse to do research inside a ward, both of which were applied for in this study. In this case, I also consulted the ethical board of the University of Turku before writing the article. The head nurse helped to find the residents who were able to participate in the interviews and discussions. I did not find this problematic, since she clearly had the best information about the condition of the patients. Furthermore, some discussions were implemented with other residents in the common areas during the observation.

Although some of the documents connected to Articles III and IV are public, and some of the names related to the case can be found quite easily from public records, I decided to anonymise all the people related to this study. I acknowledge the pressure that was targeted towards the staff members after all the media attention and did not want to increase their anxiety any further.

## 5 Findings and discussion

### 5.1 The various faces of the carceral

There are various ways the carceral emerges throughout the thesis. Firstly, carceral practices are used for example to adjust the ‘wrong kind of behaviour’. These normalising efforts (Foucault, 1977/1995) appear in several ways. For example, in Article I these efforts were implemented through exclusion, vandalism and violence and further as self-regulation due to the fear of punishment. These actions were also enabled because of the spoken law used in the community, which allowed practices that would have been considered illegal or unjust elsewhere. In the geropsychiatric ward of Kupittaa G1 the wrong kind of behaviour was punished through, for example, seclusion and coercive methods (Article III). People were allegedly put into seclusion rooms or they were confined in their own rooms without a doctor’s order. The vile nature of such carceral actions are revealed where the target is not aware that they are behaving incorrectly, as in the case of cognitively impaired people. Overmedication, seclusions and other coercive methods seemed particularly harsh in cases where people were unable to regulate their actions ‘normally’. The controlling methods escalated into carceral practices on some occasions, when therapeutic elements were not involved and when the security of patients or staff members were not the reason for implementing these practices. Through carceral practices patients were kept quiet and calm so that the nurses on duty could for example sleep during the night shift. These practices do not offer any kind of options for rehabilitation and furthermore, the people are unable to protect themselves from them.

Secondly, in Article II the nursing homes are described as quasi-carceral, meaning that the emphasis is on care more than on cure/rehabilitation/punishment. In this kind of institute, the carceral is more subjectively experienced and unintended (see Moran et al., 2018a: 676). Cognitively impaired patients may have differing experiences about the carceral, since the orientation of time and space is lowered. For a cognitively impaired person the carceral encompasses flashes from the past and present as well as imagined spaces and events. In addition, negative experiences have an influence on how certain practices are experienced after the actual confinement. For example, if medication has been experienced as coercive, the

feeling may follow from institution to institution. The effects are most distinct in cases of cognitively impaired people, who may not be able to distinguish one institution from another.

Thirdly, I have paid attention to a phenomenon called *carceral escapism* in this study. Carceral escapism by “imagined liberty” (Article II) can reduce the anxiety of being confined. Peoples’ ability to geographical fantasy and to move to another place in their mind has been recognised: “in fantasy the individual is liberated” (Rowles, 1978: 181). Physiological limits, diseases, social or economic challenges are not obstacles when the change of place happens in fantasy (Rowles, 1978). For example, cognitively impaired people may imagine that the locked doors and rules do not concern them and be quite happy (Article II). Through escapism people can also take control over themselves and disregard the institutional regime. Gacek (2017: 77-79) writes about imaginative mobilities, which helped the inmates to travel to their inner sanctums in order to cope with the boredom and stillness of the prison. What is common to closed institutions, whether they are carceral or quasi-carceral spaces, is boredom, stillness and the atmosphere of waiting. People ‘kill time’ (Gooch and Sheldon, 2019) with different coping mechanisms, such as working-out and playing games (Gacek, 2017). Thus, it is important to pay attention to care forms that decrease institutional anxiety and have a positive influence on life inside institutions. Hence, the growth and development of cultural programs in nursing homes are to be much welcomed and can have great potential to increase the quality of life if they succeed.

Fourthly, while I acknowledge that medical conditions are not carceral as such (e.g. Moran et al., 2018a), this thesis shows that certain medical conditions, for example, dementia and psychiatric disorders can extend the experience of the carceral. This is particularly true if the practices that are used in institutions are carceral *per se*, such as coercive measures. Based on the findings of Article III cognitively impaired patients are more exposed to mistreatment and abuse than others. Another group of people that emerge in this study are physically disabled (elderly) people. The challenges of reduced physical abilities have been acknowledged in studies of elderly people in prison (Crawley, 2005). Crawley (2005) calls this institutional thoughtlessness, which can also be adopted in institutions of care. Immobile people in institutions may be left alone for a long time and they are in danger of spatial mistreatment (Article II). Being left alone might also be experienced as being confined. Thus, taking into consideration the relative essence of the carceral, I suggest, that it can also be implemented out of thoughtlessness and ignorance. What might feel reasonable control for some, may feel like carceral actions by others. Thus, the generalisation and categorisation that is typical for institutions may not be the most successful mode of action in care work.

Although individual care plans are made, they fail to conquer the features of institutional regimes.

Fifthly, the physical structures of institutions have importance in relation to the carceral. Even though in elder care especially the tendency is to create new forms of care facilities, most of us have a certain mental image of what institutional premises look like; long corridors with closed doors on both sides and a few common rooms and some spaces that are only for staff members. For a cognitively impaired person it is difficult to differ one space from another. As stated in Article II, in the best-case scenario they might think that they are on a cruise ship, in the worst-case scenario, they might think they are incarcerated. Olsson and Gren (2017) pinpoint the relation between spatial forms and human lives, which is interconnected with the power of planning and architecture (see also Foucault, 1977/1995; Nord and Högström, 2017). In an interview with Martin Gren, Gunnar Olsson (2017: 1) states that “[Caring architecture] is a falsity. Any architecture that is intentional is a way of forming other people, so I immediately sense an inevitable closeness between caring architecture and imprisoning architecture”. By making the comparison between prisons and nursing homes, Olsson and Gren (2017: 1) connect spaces of care to carceral spaces, which have similarities with the findings in the Article II. Both spaces are controlled and limited through locks, regulations and regimes. Although I did not become very deeply involved with caring architecture in this thesis, I nevertheless acknowledge the significance of the built environment and infrastructure in care facilities, since physical premises have meaning in the context of care and the carceral, particularly concerning cognitively impaired patients. Moreover, in Article III, the remoteness of the ward and the outdated premises enabled some of the carceral actions that occurred there.

## 5.2 Carceral conditions

The suggested three carceral conditions, detriment, intention and spatiality (Moran et al., 2018a) can be found in all articles included to this thesis. Detriment was caused by various actions and for several reasons. In the study concerning the community, those people targeted by the carceral practices were afraid of leaving their home or they had to live in constant fear of violence and/or vandalism. Furthermore, state regulations defined some of the houses inside the community as illegal and there was a threat that people would have to move their houses to another place or demolish them (Article I). In the nursing homes, the detriment was mainly caused unintentionally. The detriment experienced is relevant especially in relation to the cognitively impaired residents who did not understand locked doors, as described earlier. Furthermore, the excessive workload of the care work may also cause detriment for the residents, if they, for example, are left alone for long periods of

time (Article II). In two articles (Articles III and IV) concerning the psychiatric ward, the detriment was caused by the staff members to patients and to other staff members through several mechanisms such as overmedication, rough handling and bullying.

The intention of the detriment emerged through external agents, who were for example members of community (Article I) or staff members (Articles III and IV). In addition, some of the detriment was directly or indirectly caused by the municipality/state as in the housing decisions in the community (Article I). Furthermore, the welfare services of the city were involved in events inside institutions of care through budgeting, number of workers and in some cases neglecting the complaints about the misconduct (Articles II, III and IV). This resonates with the idea of Moran et al. (2018a: 678) that “the notion of intent within detriment could signal the decision-making of calculative governance.” Thus, it is important to also recognise the (hierarchical) structures behind the processes of intention.

The spatiality of the carceral manifests not only in those specific spaces that are made to control people, but also beyond. For example, a cognitively impaired patient on the geropsychiatric ward started to be scared of all institutions after the mistreatment he had to face in one of them (Article III). Furthermore, as Article I indicates, carceral spaces can also be formed through exclusion and regulating and furthermore transform mundane spaces into carceral spaces. For example, if the mobility of people is limited outside their home, then the home space may start to feel carceral. Moreover, the workplace can be transformed into a carceral space if people are excluded, punished or treated in a way that causes them detriment (Article IV).

In addition to these three already acknowledged carceral conditions, there is further potential for considering the meaning of time in carceral processes. As already discussed in this research, time has significance in relation to the carceral (Moran, 2012; Moran, 2015; Moran et al., 2018a). In most of the institutions of rehabilitation or/and punishment the actual time spent inside is dictated beforehand. Usually the time ‘inside’ can be measured in years, months or weeks (Moran, 2015: 50). Institutions of care are different in that sense, because the time inside has to be evaluated and re-evaluated during the care and in some cases the institution might be the last place in which people live. Even if the time inside is short, experiences of the carceral may have influence on people’s future perceptions. Moran et al. (2018a: 678) notes that the carceral influences people’s life after the confinement, for example through stigmatisation and mental health problems (see also Schliehe, 2014).

As suggested in Article III, the carceral can accumulate over time and emerge in various ways depending on the diurnal time (see also Article IV). Time also has an impact on how staff members in institutions are able to cope with their tasks. The

need for alacrity in care work is related to mistreatment and carceral practices (Article II). Taking into consideration these various effects of temporalities, I suggest, that temporality is added to carceral conditions. Thus, the fourth carceral condition in addition to detriment, intention and spatiality could be temporality.

### 5.3 Carceral layers

In Article III the concept of *carceral layers* is introduced in order to offer a tool to identify and to increase an understanding of complex carceralities and the spatial implications of why some spaces are more carceral than others. The layers describe the different aspects that are performed simultaneously or continuously in carceral spaces and how they agglomerate and overlap in the lives of individuals. The layers operate in different levels from state level to the individual level including normative carceral measures based on law. However, the layers also operate in ‘grey areas’ of the law, where law and illegalities collide and moral decisions become ambiguous (more about grey areas in Chapters 3.5 and 5.4).

As described in Article III carceral layers are “like oil being dripped into water; different substances creating a whirlpool of colours that change and constantly make new forms, and changing shades when looked from the different angles”. The aim of this description is to clarify the complexity of the layers and enhance the difficulties in defining them. For example, the layers are not necessarily hierarchical to each other, since an individual can create carceral layers albeit through the orders of authorities.

Several features are linked to the formation of carceral layers (Article III). Firstly, they are related to power. In this case psychiatric power (Foucault, 2006) had an influence through the various power relations and social relationships. These power relations demonstrate the hierarchical order of psychiatric facilities: the power of authorities over the doctor, the power of doctor’s over staff members, the power of staff members’ over patients and so forth. Although these layers are meant to be hierarchical they create various interconnected layers. For example, in the case in point the power of the doctor was sometimes exceeded by the nurse’s individual decisions, such as when they decided to seclude patients without a doctor’s order. Furthermore, the power of the senior staff members over the junior staff members prevented the reporting of the misconducts.

Foucault’s (2006) notes about the microphysics of power and medical power seems suitable as regards the mechanisms in (psychiatric) institutions. These forms of power represent the disciplinary tools that psychiatrists and the staff members implement. The microphysics of power means those coercive actions which enable people to be held by force. The carceral layers occur in these cases where doctor’s orders are neglected or if in addition to them other carceral actions are used to



restrain the patients. With medical power the body of the patient can be adjusted to the discipline of the regime (Foucault, 2006). However, in the case of overmedication the carceral layers increase and influence the well-being of the patient. Disciplinary power manifests through reporting and writing, transforming the information into the higher levels of the hierarchy (Foucault, 2006). This kind of disciplinary power can be recognised in institutions of care, where everything has to be documented. Nevertheless, as my case studies show, sometimes power is also used to avoid documenting and reporting information (Article III).

Secondly, in this study a regime describes those social structures that enable the governing of people, and includes laws, regulations and practices. The core of the regime is law, which defines the legality of the practices. The role of the law is a twofold, first of all it allows the coercive methods and furthermore it defines the hierarchical structures, thus defining the roles of several other layers. Coercive methods can be seen in some cases as necessary for therapeutic reasons. However, in some cases they might develop into carceral practices, especially without the proper supervision, and create carceral layers (Article III).

Thirdly, time and temporal aspects have significance in relation to carceral layers. The layers can emerge and accumulate in the process of time (Article III). The creation of carceral layers may start with small instances of neglect or taking little liberties with the regulations. Over time, these might become a habit and carceral practices may seem normal. The importance of diurnal rhythm concerning the carceral is also acknowledged in Articles II, III and IV. For example, carceral practices may increase during the night time both intentionally or unintentionally. Thus, additional, possibly overlapping carceral layers are created during the night time. The passing of time is experienced differently by different groups of people (see also Moran, 2015). In institutions, the staff members follow their shift schedule, but time for the patients' in institutions is dependent on the doctor's interpretations of his/her health and sometimes even the structure of the health care system and the possibilities for follow-up treatment. The cognitively impaired constitute a specific group, since they might not be time oriented at all.

Time also has relevancy when people are transferred between institutions. When people are continuously entering institutions, the carceral layers may start to agglomerate in their bodies and minds through their experiences, thus the carceral layers can move from institution to institution accumulating on the way. Thus, the layers produces an 'institutional burden' which has an impact on peoples' lives. Institutional burden describes those multiple experiences that have influence on individuals' life after the actual confinement. While people are no longer under the sphere of carceral layers, the layers exert an influence on physical and mental well-being and the possibilities of coping.

Fourthly, carceral layers are spatial. The layers agglomerate in certain spaces, such as institutions. These spaces are under the influence of different layers than the spaces around them; seclusion rooms encompass particular laws, control and power structures. Thus, the carceral spatiality is not seen only in spaces that enclose, restrict or utilise carceral practices, it can also appear in diverse intensities in different spaces. The dimensional quality of the layers suggest that they can agglomerate in certain spaces, making them ‘more carceral’ than others. Reiterating the idea of Minca and Ong (2016) about the spaces that are more liable to allow and produce violence, I argue that some spaces are susceptible to carceral actions and in addition, to allowing carceral layers to form.

Although time and spatiality has been discussed independently above, the spatiotemporal aspects of the layers may not be easily separated. The layers can agglomerate both spatially and temporally. The overlapping features of carceral layers requires taking into consideration the relative and interconnected features of the carceral. The relative essence of the carceral also suggests that the layers and the ‘burden’ they cause can be experienced differently by different individuals. Nevertheless, as the case study shows in Article III the patient in the (gero) psychiatric ward experienced several carceral layers through which s/he was coerced and confined.

## 5.4 Grey areas of the carceral

The term grey area arose in the data concerning Articles III and IV. One accused staff member used the term to describe the morally dubious actions he admitted to in his conduct towards cognitively impaired patients. In this connection, the term was used to describe actions like overmedicating and illegal seclusion of the patients, which were undoubtedly felt to be morally vague but somehow justified by the staff members who implemented these actions. Card (2002: 223) notes, that when confronted with morally grey choices, people tend to reason that there are no other options. Greyness is also implicated in those ambiguous responsibilities that are open to interpretation (Card, 2002: 225). This ambiguity can also be found in the quickly changing situations in psychiatric ward that need a prompt response. In the ward studied, two working cultures collided. Ergonomic practices and a reduction of coercive measures is emphasised in caring work nowadays. However, this tendency represents the new way of thinking while ‘the old school’ staff members on the ward were used to a working culture which enabled rough handling and sometimes also bending the rules.

The term here refers to morally grey areas (e.g. Card, 2002: 216) where people have to decide whether to do something that may decrease the well-being of others or not, even if it is not illegal. Furthermore, the term alludes to a grey area of the law,

where the law is interpreted in a way that may cause illegalities. The law and individual decisions are mixed with regime and power relations creating grey areas, where the boundaries are blurred. In Article III, some of the staff members were operating in the grey area of the law, bending the rules and ignoring regulations. In this study, this instability also enabled some of the staff members to oppress and force their co-workers into grey areas, and compelling the substitutes and temporary workers to adjust themselves to the predominant practices or risk losing their jobs (Articles III and IV).

The grey area metaphor describes quite well some forms of the carceral in this study, for example how the community members turned against each other in Article I as a result of the new property law. As an alternative community, Christiania represents a vague space, at least from the perspective of the state and the City of Copenhagen. The community members' carceral practices towards each other can be seen as sliding into a grey area. It describes well the original idea of grey areas where people who are oppressed by the same authorities turn against each other. The term grey area also describes how a working community pressurised co-workers into implementing carceral practices when faced with the risk of unemployment or being bullied or excluded from the social group (Article IV).

Term grey space refers to spaces that are marginalised and connected to criminal activity. These spaces are morally vague and enable carceral actions, as well as violence. In Article I, grey spaces were created around the houses of privatists, where violence and terrorising the residents was 'allowed'. Furthermore, in institutions these grey spaces can develop for example in the patients' rooms, if they are used for punitive purposes (Article III).

## 5.5 Spatial mistreatment

The findings of the thesis suggest that relatively closed institutional premises expose people to spatial mistreatment (Article II). I consider for instance, restricting mobility or neglecting outdoor activity as spatial mistreatment. Spatial mistreatment may be caused by insufficient physical spaces as well as the practices and actions occurring in the spaces. Spatial mistreatment also seems to have a strong connection to having a sufficient number of staff. For example, if there are only two nurses or less working per ward and something acute or critical happens, the other patients are left alone with their needs. Thus, these forms of spatial mistreatment can be caused by the lack of capacity of staff members or/and too much haste in the care work. Spatial control can also be seen as therapeutic as in the case of psychiatric hospitals. For example, patients are confined in order to prevent them from hurting themselves or others. However, this creates delicate situations between staff members and patients, especially if for some reason the power to confine is misused (Article III).

The difference between carceral practices and spatial mistreatment is, that spatial mistreatment is often unintentional, although as suggested in this thesis, (quasi-) carceralities can be also produced unintentionally. Furthermore, spatial mistreatment differs from carceral practices in the sense that it can be caused by a physical condition. Immobile patients especially are in danger of being left alone for protracted periods of time (see also Mali, 2008), which influences both the physical and mental health of the patients. In addition, spatial mistreatment increases the institutionalisation of patients (see also Pirhonen and Pietilä, 2016). Not going outside may also be the choice of the patients, but institutionalisation can have several effects on the quality of life (Article II). For example, people might start to fear the outside world which could lead to a deterioration of both physical and mental health in long term care. Moreover, it can influence the rehabilitation of patients and their adaptation back into society after care (for example in cases of psychiatric patients).

It is important to expose mistreatment cases and arrange constant quality checking in institutions of care. However, the revealed mistreatment cases only tended to increase the bureaucracy, since instructions, recommendations and surveillance were seen as more necessary than before. The increasing bureaucracy effects capacity through an increase in ruling and recording, which decreases the time for actual care work and may increase spatial mistreatment. Thus, new policies are needed to replace increasing bureaucracy and surveillance.

## 5.6 Carceral riskscape

Carceral space and risk are in many ways related to each other. First of all, carceral spaces are made to 'handle' people, who are considered to pose a risk to others, themselves or society. Restrictions, surveillance and control are present quite visibly in these environments and they are infiltrated with multiple risk assessment practices to maintain order. The carceral and the risk interact with each other through spatiality. Risks are minimised for example when putting risky patients into specific spaces, such as seclusion rooms, which might in turn create risks both to patients and staff members. Hence, I recognise the interactive relationship between carceral and risk. Some of the carceral actions are caused because of the perception of risk, and, furthermore, some risks manifest because of carceral actions.

In the thesis, I introduce the concept of carceral riskscape to adjust the concept of riskscape to the institutional environment (Article IV). I suggest, that carceral riskscapes are formed when people within carceral spaces experience being at risk; furthermore, carceral riskscapes are created when the perception of risk leads to

confinement. As a bases for the concept I combined the carceral conditions<sup>8</sup> (Moran et al., 2018a) and the dimensions of riskscape<sup>9</sup> (Müller-Mahn et al., 2018). However, especially in carceral spaces, time and space are bound together in an exceptionally tight way (Moran, 2015: 44). For example, carceral space affects how the passing of time is experienced (Moran, 2015: 49-50). Furthermore, three carceral conditions already include the idea of spatiality (and as suggested in this thesis, temporality). Thus, I do not discuss spatiality and temporality as separate dimensions as Müller-Mahn et al. (2018) do, but recognise that spatiality and temporality are embedded in the other four dimensions of riskscape.<sup>10</sup>

Institutions are places where some people work, some live and some are visiting. While the inequality related to geographical locations has been acknowledged in relation to riskscapes (Mair et al., 2011), the control and surveillance also create inequalities inside carceral spaces, since not all the spaces are available for all people at all times. In institutions, the regime defines the use of time, because the diurnal rhythm is usually strictly based on schedules, rules and regulations. As already mentioned, the carceral practices may evolve in certain spaces at certain times (Articles III and IV). In addition, the practices used in institutions are formed and re-formed during a long period of time. In the case study, the skewed caring practices evolved over a long period of time without the intervention of authorities and developed into carceral riskscapes where both co-workers and patients were put at risk.

Practices can be seen as relational in the sense that they create different contextual time-spaces which are associated with several connections and trajectories (Simonsen, 2007). In the context of the riskscape some practices are strongly linked to the regime, the law and the regulations, whereas some practices are created by the people within the riskscape. The practices used within carceral spaces can also transfer and cause stigmatisation or further mutate and develop into policies (Gill et al., 2018; Turner, 2016). Furthermore, the demands of care work suggest that staff members may have to use actual carceral practices in the form of coercive methods, which is sometimes considered risky both to the patients and to the staff members. People can also ‘do riskscapes’ deliberately, for example by doing something commonly considered risky (Lundgren, 2018: 642). Through the regime, the riskscapes may have to be done as a part of the care work and staff members are obliged to go into situations they might consider risky.

<sup>8</sup> Detriment, intention and spatiality

<sup>9</sup> Spatiality, temporality, power relations, practices, plurality and social groups/subjectivity

<sup>10</sup> When discussing riskscapes in this chapter I mean especially carceral riskscapes. Sometimes the carceral prefix has been left out in order to streamline the text.

The influence of subjectivities and social groups to riskscapes manifests for instance as valuing the opinion of senior workers more than the opinion of junior workers (Articles III and IV). Social groups can also form cliques that are in rivalry with each other (Emmerson, 2019). This has an influence on the risk perception of co-workers through trust, since trust of co-workers may diminish the feeling of being at risk (Gee and Skovdal, 2017). In the worst cases the social groups may cause bullying or excluding others, especially whistle-blowers. If staff members are constantly in contention with each other, the quality of care is affected. The subjectivities of carceral riskscapes mean that risks are evaluated individually and they are not seen in a similar manner by all. For example, some situations appear risky to some people but not to others. This may cause collisions as regards working cultures and practices. These subjective perceptions suggest that carceral riskscapes are relative in their nature and they are experienced through individual perceptions.

Power relations are significant in the formation of riskscapes, since the institutional system depends on a hierarchy and strictly appointed power relations. This leads to a situation where a few people make decisions on behalf of many (e.g. Tierney, 2014). Some of these power relations are defined by law, but they are also important between different, legally equal groups inside the institutions. These groups may define the use of working hours and use of spaces and in the worst cases produce carceral riskscapes for other groups. In institutions, people are facing multiple, sometimes overlapping riskscapes. The plurality of riskscapes can be seen when they multiply at certain times and in certain spaces. For example, during the night shift on the ward there were only two people working and if one used to sleep, it exposed their co-worker and the patients to several risks. Furthermore, sleeping during the nightshift can be linked to several dimensions of carceral riskscape. Along with spatiotemporal elements, it can be seen as an expression of power, which is related to the practices of certain social groups.

One aspect worth mentioning is the role of the media in relation to riskscapes. The relationship between the media and risk perception has been recognised in risk studies (Wåhlberg and Sjöberg, 2000). In this study, the role of the media was twofold. Firstly, the media revealed the mistreatment cases discussed in Articles III and IV and thus probably helped to stop the formation of new riskscapes in institutions. Secondly, the cases attracted considerable attention also in the social media. This attention had a negative influence on the well-being of the staff members and many of them had to take sick-leave (Article IV). Through its exposure, the media increased the plurality of riskscapes for some staff members. In addition to those riskscapes they had to face in their workplace, new riskscapes related to stigmatisation and judgment were created.

Carceral riskscapes create inequality through all the dimensions related to them. Some of the practices caused risks and carceral actions towards both the patients and

the co-workers (Article IV). In this working environment people were divided into insiders and outsiders. The insiders continued to perform their old practices while all the outsiders were at risk of being bullied or their having their contracts terminated. Furthermore, the workload was distributed unequally between these groups. The spatial inequalities can be seen in the way people used the spaces with some spaces being territorialised by certain people at certain times. For example, the night shifts created unequal riskscape, when one staff member was left alone to deal with the workload and patients while the other staff member slept. These riskscape overlapped and thus multiplied on some occasions. By examining spaces through the concept of carceral riskscape, it is possible to combine the carceral and risk. These two aspects are strongly linked together, but less studied. Thus, I suggest that the concept of carceral riskscape is useful when studying all spaces of confinement.

## 6 Conclusion

During the writing process, it became clear that despite the vast literature that exists concerning spaces of confinement, there is nevertheless still a need to study them and how they emerge, especially in the Nordic context. Controlling and regulating spaces impact peoples' lives in many ways and the current revelations concerning mistreatment cases show that there is a demand to analyse the processes leading to these events. In addition, the knowledge about spaces of confinement, especially inside institutions, is limited to a rather small number of people. Usually these people are either experts in the field or targets of carceral actions. Thus, it is important to expose the knowledge to a wider audience to increase the transparency of the practices and increase the well-being of people in institutions. In the beginning of this thesis, I asked three main questions, which I will concentrate on next.

What kind of carceral practices and processes can be identified in spaces of confinement?

Spaces of confinement are complex and diverse and produced by several practices and processes. The findings of this thesis can be linked to various wider processes that may lead the use of carceral practices. The carceral practices follow the practices of incarceration, such as discipline, control, degradation and neglect (Moran, 2017). In addition, in this research the carceral practices are related to for example coercive methods, mistreatment, intimidation and violence.

The processes linked to normalising, such as the regime, exclusion, power structures, and spatial solutions occurred in the articles in this thesis. Firstly, those people who are seen as 'others' or risky, are targets of normalising efforts. Controlling the behaviour of people and forcing them to adjust to imposed limits can be seen on some occasions as carceral practices as in the case of Christiania in Article I. Nevertheless, the institutions of care are not free from normalising. The assumptions on how to behave within the limits of institutional order have become embedded in institutional life and any deviation is controlled or erased.

Secondly, the regime in an institution creates strict frameworks in which people must operate and live, thus forming invisible borders within the physical structures of institutions. The regime is linked to wider societal processes such as legislation,



policies, attitudes towards institutional care work and economics. These aspects also influence the practises of smaller groups and communities. For example, the changes in legislation started the processes that created carceral spaces inside Christiania (Article I). In some cases, the law enables the mechanisms of confinement. In institutions of care, for example, the law allows coercive methods as a therapeutic tool (Articles III and IV). Nevertheless, the law can be seen as ambiguous and thus open to individual interpretations enabling coercive methods to turn into carceral practices. Furthermore, the regime has a strong impact on people who are working and living in institutions. It creates multiple and sometimes overlapping processes, which are difficult to interpret. These form grey areas where people can alter the boundaries and create carceral spaces in the hope of perhaps personal benefits (Article III). Thirdly, the carceral also functions through exclusion. The mechanisms of exclusion can be linked to carceral logics, which allow certain groups of people to be defined as dangerous and ‘outsiders’ and authorises the use of carceral practices towards them. Through carceral logics people are confined into specific carceral spaces, for example institutions. People can also be excluded from social circles, which may escalate into bullying, threatening and disparagement (Article IV).

Fourthly, carceral processes can also be created due to unequal power structures. The initial position in institutions asserts that some people have power over the others. Power to control, power to use physical force, power to limit movements, power to dictate when to sleep and when and what to eat. While restrictions can also be seen as a form of rehabilitation, in some cases the limitations are hard to see as therapeutic means. Unequal power relations also enable the continuity of mistreatment. The findings throughout the thesis suggest that denial, silence and ignorance create carceral spaces. Concerning especially Articles III and IV, although the detriment to fellow human beings might have been noticed, no intervention was made. This has a connection to power relations, since people may think that they do not have the power to influence the situation. Even if the misconduct was reported (Articles III and IV), the authorities used their power to silence the whistle-blowers, thus making them powerless.

Fifthly, as suggested in this thesis, carceral practices develop via spatial solutions. For example, which spaces are available to whom and what means are used to restrict the availability of spaces. The question is very much about who has control over space. Different levels of control create different spaces, which are experienced in various ways. The spatial restrictions are not always as distinct as locked doors, as the carceral can also be actualised through electronic monitoring, EAN wristbands and surveillance. Finally, as noted, confinement is not only a means of restraining and making people immobile, as coercive mobility also represent a form of carceral practice by which people are moved against their will.

What kinds of carceral spaces do these practices and processes produce?

As the articles included in the thesis suggest, carceral spaces can be identified in various environments from the community (Article I) to closed institutions (Articles III and IV). In research, spaces of confinement seems to be used sometimes as a synonym for carceral space. However, realising the carceral requires detriment, intention and spatiality (and temporality), in this thesis the spaces of confinement are not necessarily carceral spaces, if the confinement does not for example cause detriment. Furthermore, carceral spaces can be related to carceral logics. This means that certain people or groups of people are intentionally confined, which causes them detriment. For example, in Article I people were exposed to carceral actions, which restricted their movements and degraded their living conditions and possibilities to cope in the community. On the geropsychiatric ward (Article III) carceral spaces can be connected to coercive methods, seclusion and mistreatment (such as rough handling and restricting mobility) which could happen anywhere on the ward. Thus, the patients were not safe from carceral actions anywhere on the ward and the ward itself became a carceral space. Furthermore, the layered features of carceral spaces implicate that they occur at diverse levels and intensities: some spaces are more carceral than others. The seclusion room is an example of a place where carceral layers agglomerate. Even though the law, the regime and the hierarchy determine the use of rooms, nevertheless, the layers may also accumulate in these spaces if individual power is used over others and seclusion rooms are used against orders.

The findings of the thesis suggest that in institutions of care, such as nursing homes (Article II), quasi-carceral spaces may occur. The features of control, surveillance and power are present in these spaces inasmuch that while quasi-carceral spaces are not intended to be carceral spaces, they might feel that they are. The intention for correction or rehabilitation and making people socially acceptable is not present in nursing homes, since these places are often the last places in which people live. Nevertheless, behaviour, diurnal rhythms, mobility, and even bodily functions are controlled. This control may cause detriment, albeit unintentionally. Thus, these spaces do not necessarily meet the demands of three carceral conditions, if for example the condition of intention is missing. However, in nursing homes especially cognitively impaired residents may experience the control as carceral actions. Furthermore, unintentionally caused detriment may be caused because of the lack of capacity of the care workers, which is strongly connected to decision-making. Thus, the intention may be found in the structures of health care and the wider processes of policy-making.

Carceral riskscape describes how the risks influence the establishment of carceral spaces. In Article IV some members of the working community on the geropsychiatric ward implemented carceral actions or did not inform the authorities about the mistreatment cases due to the risk of losing their jobs or being excluded

from the community. Furthermore, those whistle-blowers who criticised the actions and did inform the authorities were threatened, bullied and their working environment was made impossible. The two articles (Articles III and IV) concerned with the geropsychiatric ward describe how the same physical space may conceal multiple layers and various forms of carceral spaces which affected not only the patients, but also the working community.

How can carceral spaces be conceptualised further in human geography?

In addition to the current conceptualisation of carceral spaces, I have introduced two new perspectives: carceral layers and carceral riskscape (Table 2). These two new concepts provide possibilities for further research into the essence of carceral spaces and how they are produced.

Carceral layers describe the layered essence of carceral spaces. The concept is introduced in order to offer a tool to identify complex carceralities and how they emerge in carceral spaces and influence the lives of individuals. The layers operate on different levels from the state level to the individual level including normative carceral measures based on law. These layers are formed via regimes, power relations and spatiotemporality. They may also agglomerate in certain spaces making these spaces more carceral than others. The relational essence of the layers suggests that they might not be easily recognised, but there are overlapping, absorbed and hidden aspects. These myriad aspects enable the escalation of carceral actions in some spaces. Nevertheless, recognising these layers, especially in an institutional space, is essential in order to disassemble the carceralities which influence the quality of care and the quality of life in institutions.

With the concept of carceral riskscape, I continue to examine how carceral spaces are produced. Carceral logics suggest that people that are considered dangerous are confined. Danger and safety are related to risk and thus the significance of risk in the creation of carceral spaces can be recognised. Fear, harm and risk are connected together in quotidian processes in peoples' lives. When fear grows, perception of risk emerge and people start to adjust their actions in order to avoid any possible harm. However, not all riskscape are considered carceral. For example, the original concept of riskscape is very much focused on the areas of natural hazards. Carceral riskscape are formed when people within carceral spaces experience being at risk; furthermore, carceral riskscape are created when the perception of risk leads to confinement.

**Table 2.** Concepts of carceral layers and carceral riskscape.

Carceral layers	Illustrates the layered features of carceral space. Carceral layers may accumulate over time in certain spaces, making them 'more carceral' than others. The formation of carceral layers is linked to power relations, regimes, spatiality and temporality.
Carceral riskscape	Elaborates on the meaning of risk in relation to carceral spaces. Combines the three carceral conditions (Moran et al., 2018) and the concept of riskscape by Müller-Mahn et al. (2018). The original concept of riskscape is adjusted so that spatiality and temporality are not considered as separate dimensions, but embedded in all other dimensions.

## 6.1 Final remarks

My intention has been to contribute to geography, together with some other carceral geographers, by widening the borders of carceral spaces and also by adding two concepts, that of carceral layers and carceral riskscape, for use in further research. Furthermore, I have suggested that when contemplating carceral conditions, it would be beneficial to add temporality as a fourth condition in addition to detriment, intention and spatiality. This thesis also contributes to the themes and environments that have been typically studied in health studies or nursing studies in Finland by providing a spatial approach. Thus, the thesis provides different perspectives on spaces of confinement, especially in institutions.

All the four articles suggest that certain groups are more vulnerable than others. People in these groups are more controlled, and/or they must adjust their behaviour in order to avoid conflicts. The social power of these people is not recognised, or it is taken away from them. In Article I and Article IV a strong socio-cultural community tried to protect their way of life, sometimes so intensely that the people involved were willing to use different practices of bullying and threatening to maintain the ongoing culture. In Article I, people who wanted private ownership were in a vulnerable position because they were seen as no longer believing in the basic principles of the community. In Article IV, the most vulnerable group were the substitute and junior staff members, who were threatened and bullied into staying quiet about incidents of misconduct and excluded from the social groups. In addition, they did not have sufficient power to make the authorities listen to them (Article III).

However, the most prominent vulnerable group in this thesis is the cognitively impaired people. Certain restrictions involve every one of us, but control may be especially challenging for people with cognitive impairment, since their spatiotemporal orientation is diminished. They might not be able to see the benefits of control and limitations and interpret them as coercion and confinement. This is something that may not be intended as carceral, but may be experienced as such. The

loss of short-term memory also exposes this group to carceral actions and even misconduct more easily than other (geriatric) patients (Article III). As was noted in Article III, most of the mistreatment cases concerned dementia patients, since they were not aware of the situations and easily forgot them. However, through the carceral experience, the feeling of mistreatment may have deep roots in patient's minds, not actual memories, but fears, anxiety and feelings of sorrow. It is most important to acknowledge these mechanisms that are a consequence of the carceral, so that the quality of life of those living in institutions is not endangered.

Finally, space matters. While writing this thesis the corona virus pandemic has become a global problem and in many countries borders are closed, states are setting curfews, people are quarantined or choosing voluntary isolation. Quarantine can be seen as being connected to carceral logics: to (systematically) confine a potentially infected and thus dangerous population. During the pandemic, most of us have realised that the features of the spaces we are confined to have significant meaning for our living conditions and well-being. At the early phase of the pandemic, thousands of people were quarantined in the middle of their holiday trips on cruise ships and in hotels. While cruise ships and hotels are connected to leisure and fun, they might start to feel like carceral spaces if people are locked in their rooms. When does a fun space turn into a carceral space? There is a negative connotation, associated with misery and unhappiness, when the term 'carceral' is used. These negative feelings may appear, when control emerges as coercive and oppressive and when the ability to make choices is reduced.

Here I return to the story of H.H. from the beginning of this thesis. The staff members of the geropsychiatric ward were untrained as regards how to confront cognitively impaired patients. Thus, H.H was in the wrong space to begin with. Due to the structure of the welfare services in the municipality of Turku, and the lack of proper places for those cognitively impaired, many of the patients had to stay on the geropsychiatric ward much longer than they should. This was stressful for both patients and the staff members. In elderly care especially there is a tendency to create new kinds of non-institutional care forms. The deinstitutionalisation processes has been going on for decades. Yet, I argue, that without recognising the relationality of space and layered ontology of carceral spaces, the old attitudes and hierarchies transfer easily and prevent a change for better. For the space is not only the physical structures but also those practices, power relations and social encounters that are present in everyday life.

Nevertheless, rather than tearing down the institutional system, it would be beneficial to pay attention to the spatial solutions of institutions, since it is acknowledged that institutions are still present in society and abandoning them is a slow process. In addition to innovative architectural thinking, the deinstitutionalisation would need new ways of operating inside institutions and this

requires a change of attitude in (care) work. Although this has already been recognised at some level, further studies and considerations from different viewpoints is still needed. In order for a good quality of care to be achieved and maintained, the importance of working conditions and the role of staff members should also be acknowledged. This means that their capacity should be adjusted to fit the space they are working in. This requires political decisions and willingness from authorities to change current circumstances. The definition of (carceral) space and how it is seen in human geography offers a valuable perspective for research work on institutions and it is worth taking this perspective into consideration when new care forms and facilities are developed.

This thesis is not the end but rather the beginning of my journey into the field of carceral geography. My efforts to contribute to the field have guided me one step further in a deeper understanding of the processes that regulates peoples' lives. My curiosity towards carceral spaces has not been diminished and in the future it would be interesting to study carceral layers and embodiment (about the layered embodiment i.e. Tedeschi, 2019), the role of gender in relation to carceral riskscape, and the concept of capacity in institutions of care, as it was not possible to include these aspects in this thesis. Overall, carceral spaces in their constantly changing forms will undoubtedly provide rich starting points for various studies in the future.

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